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14. ABSTRACT: The Center for Research on Minority Health (CRMH), the first Congressionally-mandated center on minority health and health disparities outside of the federal government conducts <i>research that benefits the community</i> . This project is a collaborative endeavor between the CRMH, M. D. Anderson's Department of Urology (Dr. Curtis Pettaway) and the Division of Cancer Prevention and Population Sciences. The funding has supported three interrelated, yet distinct efforts: 1) the CRMH infrastructure and its attendant research, educational, and community outreach activities; 2) research to examine prostate cancer screening and informed decision making (IDM) in various ethnic groups; 3) the MD Anderson Prostate Outreach Project (POP). Prostate cancer is the second leading cause of cancer mortality among men in the United States and significant ethnic disparities associated with prostate cancer and screening also persist. This project is expanding cutting edge research to ethnic minority communities and will result in new, culturally appropriate interventions to promote informed decision making in various ethnic groups. The "POP" model may facilitate further research with underserved communities and result in enhanced knowledge and potentially improved health outcomes.					
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INTRODUCTION: Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research:

The Center for Research on Minority Health (CRMH), the first Congressionally-mandated center on minority health and health disparities outside of the federal government, established an approach that has proven successful in bridging the gap between discovery and application. Prostate cancer is the second leading cause of cancer mortality among men in the United States and significant ethnic disparities associated with prostate cancer persist. Funding provided by this grant has supported the infrastructure of the CRMH, and expanded CRMH research efforts to include informed decision making (IDM) and prostate cancer screening among ethnic minority men from Houston, Texas, and its surrounding counties. This progress report covers activities completed during the reporting period: *April 16, 2007 to May 15, 2008*.

The project, entitled *Center for Research on Minority Health - Prostate Cancer and Health Disparities Research*, is integrated into the overall structure of the CRMH. The study is a collaborative endeavor between the CRMH, M. D. Anderson's Department of Urology (Dr. Curtis Pettaway) and Division of Cancer Prevention and Population Sciences. The funding has supported three interrelated, yet distinct efforts: I) the CRMH infrastructure and its attendant research, educational, and community outreach activities; II) research to examine prostate cancer screening and informed decision making (IDM) in various ethnic groups; III) the MD Anderson Prostate Outreach Project (POP) – Dr. Pettaway, PI). The overall infrastructure of the CRMH has been supported by Congressional Appropriations since 1999. Initially, those funds provided over 90% of the CRMH budget. Today, those funds constitute approximately 18% of the overall operational budget, primarily supporting the CRMH infrastructure.

BODY: This section will describe the accomplishments associated with Aims 1-5 and the *technical objectives* included in the original proposal.

I) The CRMH infrastructure and its attendant research, educational, and community outreach activities: The major impact of the Congressional appropriations has been the funding of the infrastructure that has aided the CRMH in successfully establishing research, research training and education programs and community outreach efforts that create an environment conducive to accomplishing all of the specific aims of the original application.

Specific Aim 1: To maintain an infrastructure that supports a working network that develops culturally sensitive programs to support cancer awareness, cancer research, and training.

The model designed by the Center for Research on Minority Health (CRMH) (Appendix 1). emphasizes ongoing multi-directional interactions among all interested parties, creating a continuum of projects that reflect communication, trust, and scientific discovery based on the needs and priorities of both the community and the researchers, incorporating the principles of community-based research. These principles include: recognizing community as a unit of identity; building on the strengths and resources within the community; facilitating collaborative partnerships in ALL phases of research; integrating knowledge and action for the mutual benefit of all partners; promoting co-learning and empowering practices that address social inequities; involving a cyclical process; addressing health from different cultural perspectives; and disseminating findings and knowledge gained to all partners.

Illustrated in Appendix 2 is the infrastructure of the CRMH. All of the CRMH cores work in unison and symbiotically to achieve the specific aims outlined in the original application. Funding provided by the appropriated funds supported much of the CRMH leadership: including Dr. Lovell A. Jones, CRMH Director; Dr. Richard Hajek, Research Core Director; Drs. Beverly Gor and Janice Chilton

direct the Community Relations Core Directors; Ms. Caren Blinka, Administrative Core Director, and Mr. James Heggie, Research-Education and Training Director. Dr. Isabel Torres leads the prostate cancer screening and IDM efforts.

Specific Aim 2: *To maintain a working network of community-based organizations; government agencies; research, educational, and medical institutions to address the disproportionate rates of cancer incidence and mortality in the Houston area through educational outreach, research, and procurement of needed services.*

One of the key elements in the CRMH model is the development of a *working* network of key community-based organizations, government agencies, research, education and medical institutions. The key word in this is “working” and not just named. The CRMH has fostered numerous projects addressing health disparities, both directly and indirectly. For a more detailed description of some of these projects, visit the CRMH websites (www.mdanderson.org/crmh and www.healthdisparitiesresearch.org). As illustrated in Appendix 1, all of the CRMH cores work together to maintain and further our networks that result in community, research, and educational projects to reduce health disparities. The following are examples of such working networks maintained and enhanced over the reporting time period.

Minority Health Coalitions

This group of health coalitions includes the Hispanic Health Coalition, African-American Health Coalition, Asian-American Health Coalition, of which CRMH staff members, specifically Community Relations staff members are active members or officers. Dr. Beverly Gor is one of the original founders of the Asian American Health Coalition, and Ms. Kelly Hodges-Moore is the elected president of the African American Health Coalition. Dr. Torres and the CRMH Hispanic Community Relations Coordinator – Ms. Anedny Delgado-Laubscher work closely with this coalition. The CRMH has played a pivotal role in revitalizing the Native American Health Coalition. This group, founded by Debra Scott, community advisory board member of the CRMH, has been facilitated by Ms. Cheryl Downing, the Native American community relations coordinator for the CRMH. All of these coalitions are excellent resources for community-based participatory research efforts, including the DOD-funded study on prostate cancer screening and IDM.

The CRMH research has provided technical assistance and information to community-based organizations to successfully apply for their own funding. For example, the ASANA needs assessment provided evidence of the need for a community-based clinic in the Asian community and Dr. Beverly Gor, along with members of the Asian American Health Coalition successfully applied for funding to open the Hope Clinic. Similarly, the CRMH community Relations Core provided the Native American Health Coalition with support and assistance to conduct research on colorectal cancer screening in the Native American community.

Networks for Research:

Centers for Medicare and Medicaid Services (CMS): The CRMH successfully competed for one of six demonstration projects funded by CMS to investigate facilitated cancer screening services and patient navigation for Hispanic Medicare beneficiaries. This 4-year 5.4 million award is a tremendous effort towards addressing health disparities and health outcomes in this target population, essentially reducing systemic, cultural, educational, and logistical barriers that contribute to health disparities.

Establishing Comprehensive NCMHD Research Centers of Excellence - PEACE (Project Export, A Center of Excellence): Through this P60 Center project funded by the National Center on Minority Health & Health Disparities, the CRMH has established a center of excellence. The

environmental health focus of this project incorporates gene-environment interaction studies and community-based needs assessments, thereby utilizing science to address environmental health issues facing communities of color and the medically underserved. The two primary research projects of this grant are: 1) Prevalence of Environmental and Genetic Risk Factors for Gastric Cancer in a Population of Mexican-American Children Residing in Texas. This project is led by Dr. Maria Hernandez-Valero; 2) Neighborhood- and individual-level determinants of smoking cessation among Hispanics.” This project is led by Dr. David Wetter, Chair of the Department of Health Disparities Research.

Latinos in a Network for Cancer Control (LINCC): There has been a major sub-contractual agreement and continued partnership between the CRMH and the University of Texas Health Science Center’s LINCC project since its inception in 2002. This network was established through collaborations with the University of Texas School of Public Health, Center for Health Promotion and Prevention Research (a CDC-funded Prevention Research center), community-based organizations (National Center for Farmworker Health), health departments, practice settings, an NCI Community Network Program (Redes en Acción: The National Latino/Hispanic Cancer Network, Baylor College of Medicine) and the CRMH. LINCC is one of eight NIH-CDC funded CPRNs across the nation funded through 2009. LINCC’s mission is to reduce cancer-related health disparities among Latinos through a network of academic, public health, health service, and community partnerships engaged in community-based intervention, replication and dissemination research. This network has greatly facilitated the prostate cancer and IDM component of the project described below in Section II.

The SISTER Study: The CRMH was awarded a subcontract to increase minority recruitment into this large national cohort study funded by NIEHS investigating the environmental and genetic factors associated with breast cancer risk.

Susan G. Komen for the Cure (National): Drs. Chilton and Hajek successfully competed for a population sciences award of \$250,000 for three years to compare hormone levels and dietary habits of African American and West African women in Houston and West African women in Nigeria. This work begins to address the environmental etiology of breast cancer in African American women. One associated aspect is the successful development of the 1st African Educational Cancer Conference held in Abuja, Nigeria (October 18–21, 2006) organized by Dr. Lovell A. Jones.

Susan G. Komen for the Cure (Local): Drs. Chilton, Bevers, Hajek, and Gor successfully competed for an award of \$100,000 for one year to compare minority women who participated vs. minority women who chose not to participate in a previous large breast cancer chemoprevention clinical trial. The goal of this project is to increase inclusion of minority populations into STELLAR through community outreach and education using identified predictors of non- participation and of participation of minority women in clinical trials. There are myriad systemic, structural, and cultural barriers that may play a role in limiting minority women’s access to and participation in clinical trials. An initial effort to understand barriers and facilitators to accrual and retention among women in Houston’s minority communities, risk eligible women who did and did not participate in the previous breast cancer prevention clinical trial are interviewed regarding their perceptions. Systemic, structural, cultural and researcher-related barriers and facilitators are also assessed. This information will be used to design, pilot, and test an intervention using The SISTER Study (NIEHS).

Katrina / Morehouse School of Medicine: Drs. Gor and Jones successfully competed for a subcontract award from Morehouse School of Medicine to assess the health issues of Asian Hurricane Katrina evacuees in Houston. As an extension of this project, the CRMH successfully

negotiated securing resources for telemedicine and personal health information feasibility studies in the Houston area as well.

ExxonMobil Foundation: The ExxonMobil Foundation built upon their initial efforts targeting nutrition research in minority populations. The foundation announced a new commitment towards addressing minority health, health disparities, and education by committing \$100,000/yr for 5 years. These funds:

- Expanded successful efforts initiated by CRMH in Fort Bend ISD to Goose Creek Consolidated ISD
- Supported a minority graduate research assistant
- Facilitated HDEART Consortium projects
- Supported the training of area high school teachers to include environmental emphasis in the curriculum

Houston Endowment Inc.: The HEI awarded another development award (\$250,000) to continue to assist with the development of the HDEART Consortium.

Texas Higher Education Coordinating Board: The Education Core successfully competed for a 21 -month grant to investigate science centered inquiry-based educational activities in K-2 elementary classrooms. Although this may be deemed an educational achievement as well, it is considered educational *research* by the state. The **Science Centered Inquiry-Based Educational Activities in Collaborating Elementary Classrooms (SCIENCE)** Project is an environmental health science education partnership between the Fort Bend Independent School District (FBISD) and the CRMH that addresses the under-representation of African American and Hispanics in health professional and biomedical research careers. The purpose of the SCIENCE project is to develop the initial phase of a pipeline program aimed at providing an adequate scientific foundation that will enable minority students to progress through higher educational opportunities. The SCIENCE Project has advanced students' knowledge base in science resulting in positive change. Due to the overwhelming success of this project at the model school, the Fort Bend Independent School District has begun the process of implementing the program district-wide at all 26 elementary campuses where feasible. In addition, the sponsor requested and subsequently awarded a renewal proposal to expand and evaluate the effectiveness of the program in grades 3–4 at the model school.

Networks for Educational Outreach and Training

Health Disparities Education, Awareness, Research, & Training (HDEART) Consortium: One of the most important achievements was the formation of HDEART in September of 2003. An institution can become a part of HDEART via a letter of agreement from the President and/or CEO agreeing to participate in HDEART activities to address health disparities, not just limited to educational activities. Therefore, it is an agreement at the highest level. The purpose of the HDEART Consortium is to share resources to develop academic research and educational program related to health disparities. The first effort developed a course(s) which would be combined with existing courses to create an academic specialty (either through certification or an academic minor) in health disparities. The HDEART currently has 28 members, whose names and affiliations are provided in Appendix 3.

Center Health Disparities Curriculum and Anchor Course: Although the anchor course was first offered at the University of Houston in the Fall 2002, it formally became a HDEART course when offered on the Rice University campus in the Fall 2003. Since then, it has been offered and rotated on the following campuses: Texas Southern University campus – Fall 2004, University of

Houston – Fall 2005, Rice University – Fall 2006, and Texas Southern University – Fall 2007. In 2005, the course was simulcast for the first time to additional HDEART Consortium member campuses, including Florida A & M University, The University of Texas Health Center at Tyler, The University of Texas Health Science Center-San Antonio, and Texas A&M University-Corpus Christi, and over 100 students participated in the class. In Fall 2007, the course was teleconferenced to Texas A&M University-Corpus Christi, with 14 undergraduate students, and about 65 students from Rice, Texas Southern University, UT Health Science Center, University of Houston-Main Campus and the University of Houston-Downtown participating locally. All CRMH faculty participate in the teaching of this course. The course will be offered at the University of Houston-Downtown in Fall 2008, with additional teleconferencing sites this year (Appendix 4).

Health Disparities Workshop: This summer week-long workshop is a concentrated version of the Anchor Course described above for students, staff, faculty, and community members nationwide. Over the past six years beginning in June 2003 through June 2008, we have had over 277 participants per year attend the annual summer workshops consisting of social workers, undergraduate and graduate students from HDEART Consortium member campuses, postdoctoral fellows, Kellogg Scholars, social workers, physicians, nurses, and other health care professionals. The 6th Annual Health Disparities Summer Workshop was held in June 21-27, 2008 at The University of Texas M. D. Anderson Cancer Center (Appendix 5).

National Minority Cancer Awareness Week Luncheon: Over the past 8 years, the CRMH has observed National Minority Cancer Awareness Week and the Biennial Symposium Series on “Minorities, the Medically Underserved & Cancer” with a symposium luncheon hosted during the third full week of April. The National Minority Cancer Awareness Week Luncheon (NMCACL) hosts approximately 300 health care professionals, elected officials and community members each year. The luncheon honors individuals, community-based organizations and scientists that have made significant contributions to eliminating health disparities in the area of cancer outreach and education. In 2007, the CRMH observed the 20th Annual National Minority Cancer Awareness Week and Biennial Symposium Series on “Minorities, the Medically Underserved & Cancer”. The keynote speakers were former surgeon generals, Joycelyn Elders, M.D. (1993-1994), and David L. Satcher, M.D., Ph.D. (1998-2001). In 2008 the symposium’s keynote was former Texas Department of State Health Services Commissioner Eduardo J. Sanchez, M.D., M.P.H. In 1986, Lovell Jones, Ph.D., approached Senator Lloyd Bentsen and Representative Mervyn Dymally to support a joint resolution to designate the third week in April as National Minority Cancer Awareness Week. On April 8, 1987, the U. S. House of Representatives Joint Resolution 119 designated the third week in April as “National Minority Cancer Awareness Week.” The American Medical Association and the American Cancer Society both endorsed the resolution as a means of drawing attention to the problem among minorities and the poor (Appendix 6).

Kellogg Scholars in Health Disparities: The CRMH is a training site for Kellogg Scholars in Health Disparities. Dr. King (Pilot 1) and Dr. Teal (Assistant Professor, Houston Center for Quality of Care & Utilization Studies, Veterans Affairs Medical Center and Baylor College of Medicine) completed their tenure as the first scholars in the CRMH in 2006. Two additional scholars, Dr. Angelica Herrera and Dr. Shedra Amy Snipes began the Fall (2006) and Spring (2007) semesters, respectively, and will continue through 2008.

PVAMU Nursing Model: In the Fall 2005 semester, as part of Project EXPORT, new environmental health content was added to the nursing curricula to increase the number of PVAMU minority nurse researchers in the area of environmental health. Implementation began in the fall of 2006 and continues to the present.

M.D. Anderson Guest Lecturers: The CRMH continues to sponsor lecturers who are leaders in the Health Disparities field on a regular basis.

Cancer Network: The CRMH works with the community-based Cancer Network for the Houston area. Network members include community leaders and non-profit organizations that advise the CRMH on ways to best address health disparities in cancer detection and treatment and facilitate the sharing of information, resources, and ideas.

Website: Along with the Department of Health Disparities Research, a featured site has been developed directly off of the main M. D. Anderson website <http://www.mdanderson.org/topics> under “Race, Ethnicity, and Cancer”. The Center websites www.mdanderson.org/crmh and www.healthdisparitiesresearch.org continue to serve as an information resource regarding minority health, providing Internet links to related websites and a calendar of community events and activities related to cancer awareness, prevention, and education.

Texas Health Disparities Task Force: Dr. Beverly Gor serves as a member of the Texas Health Disparities Task Force that was created by the legislature to help eliminate inequities in health care and access to health care across the state. The CRMH serves as a resource for Dr. Gor as she fulfills her responsibilities on the Task Force.

UNC Videoconference: The CRMH hosted the five-day Summer Public Health Research Videoconference on Minority Health produced by the University of North Carolina at Chapel Hill School of Public Health in June 2004, 2005, 2006 and 2007 targeting academic and community members appropriate to each day's topic.

Networks for Procurement of Needed Services:

The Prostate Outreach Project (POP) Mobil Unit: MD Anderson's POP is a community-based education and early prostate cancer detection program initially established in two underserved primarily African American communities in June 2003. Community sites were selected to recruit African American men that were more likely to be indigent and could most benefit from program services. The program is sponsored via Congressional appropriations, as well as funds administered via The University Cancer Foundation of M. D. Anderson, the Prostate Cancer Research Program and the Division of Cancer Prevention and Population Sciences. Dr. Curtis Pettaway of the Department of Urology serves as the program director. The goal is to impact prostate cancer mortality among underserved African Americans. However, at community events all men seeking our services who fall within program guidelines are able to participate. POP participants are invited to undergo free prostate cancer education and testing as well as to receive quality care and follow-up of urologic test results. A collaborative relationship exists with Lyndon Baines Johnson Hospital (Harris County Hospital District) to assist in the care of men who are uninsured. Twenty-five percent of Ms. Kelly Hodges' (CRMH African American Community Relations Director) time has been devoted to this effort. This funding has also supported members of Dr. Pettaway's POP team such as Ms. Jacqueline Frost and Ms. Pamela Roberson, POP Program Coordinators. *(A report of POP activities realized during the reporting period are included below in Section IIII).*

Texas Department of Health: The CRMH is working with State Cancer Registry to further explore the integrity and validation of data on certain minority populations within the State. Several analyses have been initiated, and preliminary results show a significant underreporting of cancer incidence among certain minority subgroups including Native Americans.

HOPE Clinic: As noted above, the Asian American Health Coalition (AAHC) operates this

community health center which serves a large percentage of the medically underserved Asian Americans in Southwest Houston. The HOPE clinic addresses the needs identified in the Asian American Health Needs Assessment survey such as referrals to cancer screening services. To address this issue, the AAHC and the CRMH have applied for and obtained two grants from the Texas Cancer Council to increase cancer screening. The AAHC has also received funding from W.K. Kellogg Foundation (the Health through Action Partnership Grant) to reduce disparities in these populations.

Gateway to Care: the CRMH is a member of this community access collaborative, comprised of over 170 public and private safety net health systems, coalitions, advocacy groups and social service providers working together to assist the approximately 1.09 million uninsured and the additional 500,000 underinsured residents in the Greater Houston Area in receiving medical care at the most appropriate setting. Its major initiatives include the Provider Health Network, Medical Reserve Corps, Federally Qualified Health Centers as well as many other important programs. Gateway to Care also conducts navigation training and has participated in the training of CRMH patient navigators and community health workers.

Harris County Public Health Care System Council: Dr. Beverly Gor was appointed to this 21 member advisory board which seeks to develop and maintain a comprehensive, coordinated, and evolving health care delivery system to provide necessary population-based public health interventions and access to a network of preventive and primary care services with particular emphasis on care for persons with little or no medical insurance.

Boat People SOS: During the Hurricanes Katrina/Rita crisis, Dr. Gor and Truong Son Hoang assisted Asian evacuees with facilitating medical services or completing FEMA applications. This project helped to identify the major health needs of this population and the partnering with Asian Pacific American and other community-based organizations to design culturally and linguistically appropriate programs and interventions. Through the CRMH relationship with Morehouse School of Medicine, additional resources such as access to telepsychiatry services and the provision of electronic medical records were also facilitated to Katrina evacuees.

Specific Aim 3: *To conduct needs assessments to determine the distinct cultural traditions, behaviors and perceptions that shape the health attitudes of our target groups; and to determine ways to promote health education in these communities. This process is continual to ensure that the program is responsive to the target populations.*

Asian American Health Needs Assessment (AsANA): Researchers from the CRMH have completed the first phase of the Asian American Health Needs Assessment project by conducting the first-ever comprehensive telephone survey to assess the health issues of Chinese and Vietnamese populations in Houston and surrounding areas. The survey was conducted in Vietnamese, Cantonese, Mandarin and English. Of the 1,808 randomly selected Chinese and Vietnamese contacted, 814 individuals (402 Chinese, 412 Vietnamese) completed the survey. CRMH researchers are analyzing the data from the study to understand and describe the health needs, risks and practices of these populations. The large data set has provided both quantitative and qualitative health information about these two Asian communities. A community report highlighting the most common health risk factors for Chinese and Vietnamese in Houston has recently been released: (http://www.mdanderson.org/pdf/health_disparities_asana_cr_final.pdf) and widely disseminated in the two communities and research community: e.g., APHA (http://www.mdanderson.org/pdf/apha_poster.pdf); ICC (<http://www.mdanderson.org/pdf/iccposter.pdf>); Texas Public Health Association (http://www.mdanderson.org/pdf/healthy_people_2010.pdf) and

Community outreach and media campaign of the AsANA study (http://www.mdanderson.org/pdf/media_outreach_icc_presentation.pdf). Results of the survey have helped identify pressing health risks and needs and have provided the data needed for designing culturally-appropriate health programs in this community. (See also publications under Dr. Beverly Gor, Appendix 7).

The Fresno Environmental Survey of Needs and Opinions (FRESNO) project was an environmental health pilot study conducted by the CRMH to assess the Fresno, Texas community's perceptions of environmental exposure and associated health concerns. A secondary objective of the study was to collect data on the perceptions of genetic testing and participating in research studies among African-American and Hispanic Fresno, Texas residents. A community advisory board was established to develop and implement the study. Key informant interviews and focus group sessions were conducted, and the information collected was used to educate the community on environmental exposures, health concerns, and residential needs specifically related to Fresno, Texas. Findings from this needs assessment have been published and disseminated during the reporting period (See publications under Dr. Denae King below, Appendix 7).

The Native American Health Summit (NAHS): Recognizing the need for health care discussion in and about the Native American community, the Native American Health Coalition collaborated with the CRMH to organize the first NAHS in Houston, Texas held on November 2, 2007. The goals of the NAHS were to provide current information on the status of Native American health in Texas, identify barriers in health care access for this population, encourage health research and educational activities in Native American communities, and develop realistic solutions in collaboration with members from the community, research, public health, health care providers, policy makers and the private sectors to address Native American health disparities. The CRMH Community Relations Core will be issuing a report from this summit this fall. The next Native American Health Summit has been scheduled for January 29, 2009 at the United Way Houston.

The HHS Hispanics Elders Project “Improving Hispanic Elders’ Health: Community Partnerships for Evidence-Based Solutions” is year-long pilot project intended to bring together local leaders from Houston and seven other metropolitan area communities with the primary objective of combating health disparities in the growing population of Hispanic elderly. Five federal agencies - Administration on Aging (AoA), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the Health Resources and Services Administration (HRSA), all part of the United States Department of Health and Human Services (DHHS) - coordinate this initiative through AcademyHealth. The eight participating cities include: Chicago, IL; McAllen, Miami, New York, San Antonio, and San Diego and Los Angeles, CA. This spring, Houston’s team - Neighborhood Centers, Inc., the Area Agency on Aging, Denver Harbor Clinic, St Lukes Episcopal Charities, Gateway to Care, IntraCare Hospitals, and U.T. M.D. Anderson Cancer Center (CRMH)- completed a 15-minute key informant online survey to help prioritize health disparity areas and target community sites to launch a community-based intervention. Findings from the survey helped define key focus areas such as the development of a diabetes intervention for Hispanic elderly in the Houston area.

The Environmental Community Assessment Project (E-CAP): Galena Park is a community assessment and planning initiative that is conducted by Harris County Public Health and Environmental Services (HCPHES). The CRMH serves as a consultant on the project by providing recommendations on how best to conduct a culturally competent environmental health assessment in a minority community. The goal of E-CAP Galena Park is to engage a Harris County community in a comprehensive community assessment and dialogue processes to determine the extent of inequities in environmental conditions and resulting health disparities. In addition, E-CAP Galena

Park aims to effect change through community mobilization, capacity development, and advocacy for policy solutions to address environmental conditions that impact health. The Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) methodology, developed by the National Association for City and County Health Officials, will be used to facilitate the community dialogue process. PACE-EH is designed to help communities systematically conduct and act on an assessment of environmental health status in their community. Key project activities conducted during E-CAP Galena Park include: reviewing and analyzing existing health and environmental data sources; identifying and mapping environmental factors that potentially impact health in a Harris County community; and facilitating the community dialogue process. Community interface with human subjects will occur through a series of activities that may include focus groups, surveys, town hall meetings, and key informant interviews conducted with community-invested and residential participants. Community members and local public health professionals will also be involved in the developed PACE-EH community-based environmental health assessment team, which will be primarily responsible for completing the community assessment process.

Task Force on Halting the Increase in Overweight and Obesity in Houston/Harris County Children: Dr. Lovell Jones is a key member of this groundbreaking, Mayor of Houston led taskforce that is developing a comprehensive strategy to halt the increase in overweight and obesity among children in Houston/Harris County. The task force is examining the obvious and recommended actions to halt the obesity epidemic such as neighborhoods safe for unstructured play, eating habits of parents and custodial adults, cultural food preparation practices, accessibility to full service food retail outlets, etc. The task force is obtaining information from local researchers and professionals who have been working in the area of nutrition, food security, physical activity, and childhood obesity. It is also obtaining input from neighborhood associations, parent groups, youth sports associations, economic development organizations, and others that influence the overall context of Houston's neighborhoods. The task force will synthesize the information with recommendations for action, responsible parties, timelines, and resources to address the problems of childhood obesity in a strategic collaboration that can be shared with the community-at-large, and measured for changes and progress. The task force will present a final report to Houston City Council, Harris County Commissioners Court, and the general public.

Specific Aim 4: *To provide mentors and extensive training programs to support minority students pursuing careers in biomedical, epidemiological, and behavioral research.*

The goal of the CRMH's Educational Core is to increase the number of individuals in health disparities research by creating unique educational programs and linking these to already existing programs. As noted above, the CRMH has established a consortium of academic and health institutions (the Health Disparities Education, Awareness, Research & Training [HDEART] Consortium). One of its goals is to create an academic degree/certificate granting program in health disparities. The CRMH/HDEART sponsors several educational activities including the UNC Videoconference, the National Minority Cancer Awareness Week Luncheon, the Annual Summer Workshop on Health Disparities and the anchor health disparities course entitled "Disparities in Health in America: Working Toward Social Justice." Another training course that addresses health disparities and targeting mostly minority students is "Topics in Genomics" which is co-sponsored each year with Prairie View A&M University (See Appendix 8). In addition, CRMH/HDEART is creating a pipeline program which will take students from kindergarten to postgraduate education. This program is part of the EXPORT grant recently awarded to the CRMH.

The following section provides a detailed description of three of the CRMH's most prominent programs that support minority students pursuing careers in biomedical, epidemiological, and behavioral research.

1) Export Project: The CRMH was awarded its original P60 Center Grant in 2003 to establish a Center of Excellence in Partnerships for Community Outreach Research on Health Disparities and Training (Project EXPORT). In 2007, the CRMH successfully competed for the renewal of Project EXPORT, known as Project EXPORT - A Center of Excellence (PEACE). One of the projects included was the PIPELINE Scientific Training Program (PSTP) - Linking Training from High School to Graduate Programs, which was implemented by the CRMH Education Core. The PSTP, linked with the SCIENCE Project, introduces interested and qualified Texas young people to a research environment, utilizing an elementary setting. It also provides firsthand experience in the varied career opportunities available in the biomedical sciences, public health and community-based participatory research for young people. The eight-week program for high school and college students generally runs from early June through the last week of July and selects two to three students high school students, along with one or more undergraduates, to participate.

2) Science Project: In 2005, the CRMH and the Fort Bend Independent School District (FBISD) formed a partnership to conduct an educational intervention project focused on environmental health sciences. One of the main focuses of the partnership with FBISD was to take the PIPELINE Scientific Training Program and place it into action, starting at the elementary and high school levels. The **Science Centered Inquiry-Based Educational Activities in Collaborating Elementary Classrooms (SCIENCE)** Project assists in nurturing elementary students' interest in environmental health science and research. The program utilizes inquiry-based science instruction to improve K-2 teachers' science knowledge and pedagogical skills. Furthermore, the project encompassed an environmental health science summer institute that provided professional development and valuable information on multiple strategies used in teaching environmental health sciences to Hispanic and African-American students in FBISD. The SCIENCE Project concentrates on increasing the number of under-represented minority students in health professions and biomedical research, fostering increased interest in science and strengthening scientific skills needed to succeed in school. The program has recently been awarded the Texas Association for Partners in Education Crystal Award for Texas Collegiate Partners. In 2007, the Texas Higher Education Coordinating Board's Minority Health Research and Education Grand Program funded the CRMH to continue the program in the 3rd through 4th grades.

3) The Kellogg Health Scholars Program: The CRMH/ HDEART Consortium is one of four training sites in the multidisciplinary-disparities tract in the U.S. Our site focuses primarily on using a biopsychosocial approach in health disparities. Dr. Lovell Jones is the Site Director for the CRMH/HDEART site. The CRMH/HDEART brings together the strengths of its 28 member institutions to focus on developing solutions to ameliorate health disparities. (See Appendix 3). The program is comprised of two tracks: a) A multidisciplinary-disparities track whose intent is to prepare a new generation of minority scientists for careers and leadership roles in health disparities and health policy, with the objective of facilitating the translation of such research to policy and practice; b) A community disparities track to enable postdoctoral fellows to develop and enhance skills in working with communities and engaging in community-based participatory research at institutions where these skills are present. Research emanating from the CRMH's Kellogg Health Scholars Program emphasizes the elimination of health disparities through community-based participatory research approaches and interdisciplinary approaches to developing solutions to health disparities. This strategy allows natural scientists, social scientists and community advocates to work collaboratively to develop new insights, and promote inter-institutional efforts to leverage the intellectual strength, diversity of ideas and energy from a multitude of faculty. The CRMH houses at least two post-doctoral minority fellows from this program every two years.

Specific Aim 5: *To develop and evaluate a model that will enhance the recruitment and retention of minority populations participating in clinical trials.*

Another hallmark of the CRMH achievements has been the implementation of a successful recruitment and retention model, sometimes referred to as a modified patient navigation model. This has allowed CRMH research studies, and those research programs associated with the CRMH, to successfully recruit and retain minority and medically underserved participants in clinical trials, both treatment and prevention. Four studies exemplify our success in this area:

- 1) **Centers for Medicare and Medicaid Services (CMS):** This CRMH is one of six demonstration projects funded by CMS to investigate facilitated cancer screening services and patient navigation for Hispanic Medicare beneficiaries. This 4-year 5.4 million award is a tremendous effort towards addressing health disparities and health outcomes in this target population, essentially reducing systemic, cultural, educational, and logistical barriers that contribute to health disparities.
- 2) **Women's Healthy Eating and Living (WHEL) study:** The CRMH continues work on the Women's Healthy Eating and Living study and published the main outcome of the study in July 2007. (See publications under Pierce, et al, 2007, Appendix 7). Of the seven clinical sites, the M. D. Anderson site recruited nearly 50% of the African-American, 30% of the Hispanic, and 50% of the Asian participants. The CRMH is leading the subanalysis of the minority cohort.
- 3) **Susan G. Komen for the Cure (Local):** Drs. Chilton, Bevers, Hajek, and Gor lead this study to compare minority women who participated vs. minority women who chose not to participate in a previous large breast cancer chemoprevention clinical trial. The goal of this project is to increase inclusion of minority populations into STELLAR through community outreach and education using identified predictors of non- participation and of participation of minority women in clinical trials. Data from this study will be used to design, pilot and test intervention using The SISTER Study (NIEHS).
- 4) **The Sister Study:** The CRMH has joined forces with The Sister Study of the National Institute of Environmental Health Science, which is a breast cancer research project to recruit minority women ages 35 - 74. The Sister Study is open to all women, ages 35 to 74, who have had a sister or sisters that have been diagnosed with breast cancer. The purpose of the study is to determine the role of gene environmental interaction in breast cancer. The role of the CRMH is to aid in increasing the number of minorities in the Sister Study.

II) Research to examine prostate cancer screening and informed decision making in various ethnic groups.

The following section will assess the overall progress made in relation to the “technical objectives” submitted from the original application:

Technical Objective 1: *To create community advisory committees (CACs) and a scientific advisory committee (SAC) to provide feedback and recommendations to the research teams regarding the project's purposes, feasibility, and appropriateness for the target audience and oversight to ensure scientific rigor and guidance on the theoretical and conceptual framework underlying the project, respectively.*

The CRMH has established its own community advisory committee (CAC) and a scientific advisory committee (SAC) External Scientific Advisory Committee.

The CRMH External Scientific Advisory Committee members from 2007 to 2008 were:

NAME	INSTITUTION
Bill Jenkins, PhD, MPH	Morehouse College
Billy U. Philips, PhD, MPH	University Medical Branch Galveston – Chair
Cheryl K. Ritenbaugh, PhD, MPH	University of Arizona
Mona N. Fouad, MD, MPH	University of Alabama at Birmingham
Guillermo Tortolero-Luna, MD, PhD	University of Puerto Rico, Cancer Control and Population Sciences
Pelayo Correa, MD	Vanderbilt University
Mark Hayward, PhD.	University of Texas at Austin
John McLachlan, PhD.	Tulane/Xavier Center for Bioenvironmental Research
Eliseo J. Perez-Stable, MD	University of California San Francisco
John Pierce, PhD	University of California at San Diego
Jean Ford, MD	Johns Hopkins University

The CRMH Community Advisory Committee members from 2003 to 2008:

NAME	INSTITUTION
Deoniece Arnold, DHHS Bureau Chief	Houston/Professional Services
Dr. Chau Buu, Interim Director	Harris County Public Health Environmental Services
Dr. Maria E. Fernandez (Assistant Professor/ LINCC PI)	University of Texas School of Public Health – Latinos in a Network for Cancer Control (LINCC)
Rogene Gee-Calvert	Asian American Health Coalition
Leonel Castillo, Educational Liaison	City of Houston Office of the Mayor
Karen Jackson, Founder/President	Sisters Network, Inc.
Benito Juarez, Community Outreach	Mayor's Office, Immigration and Refugee Affairs
Mathew Momoh, Program Director	Houston Immigration
Rosie Perez, RN, Community Outreach Director	St. Joseph Hospital
Gwen Pierre, Associate Minister	Wheeler Avenue Baptist Church
Gracie Saenz, JD	Oppel Goldberg & Saenz, PLLC
Deborah Scott, MPH	Sage Associates, Inc. Community Research
Gary Sheppard, MD	SW Memorial Physicians Association
Luisa Trujillo, President	Hispanic Cultural Institute
Jenny Yi, PhD, Associate Professor	University of Houston, Dept. of Health & Human Performance

Many of these individuals have also served in an advisory capacity on specific CRMH research projects such as the prostate cancer screening and IDM research component of this grant. For instance, Dr. Maria Fernandez, along with other Latino community members, have greatly facilitated the planning of the qualitative inquiry on IDM and prostate cancer screening as well as the superb collaboration we have forged with content experts from UT School of Public Health and the Baylor College of Medicine. LINCC, along with other Latino community members also facilitate our networking with other key Latino community leaders and community gatekeepers. Similarly, as the founding member and current president of the Native American Health Coalition, Deborah Scott, MPH is actively involved in the planning and realization of the prostate cancer screening and IDM research in Native American communities. Worthy of noting as well, is the dynamic and productive relationship that exists between the CAC, the SAC, and the project investigators. For example, Drs. Guillermo Tortolero-Luna (SAC), Maria Fernandez (CAC), Isabel Torres, (Co-I) and Lovell Jones (PI) are all members of the Executive Committee of the community-based cancer research network, *Latinos in a Network for Cancer Control (LINCC)*.

Technical Objective 2: *To conduct a literature review on knowledge, beliefs, and perceptions of risk about prostate cancer and screening, and the preferred patterns in the delivery of health care and cancer prevention messages for African American, Latino, Asian, and Native American men.*

We initially conducted a comprehensive review of the literature that included the epidemiology of prostate cancer, prostate cancer screening, knowledge about prostate cancer and screening and other determinants of prostate cancer screening reported in the literature. We later narrowed our search to include, current guidelines and controversial issues surrounding prostate cancer screening, informed/shared decision making and cancer screening, treatment and specifically prostate cancer screening. Our research also focused on identifying studies that have cultural factors that may influence screening decisions and existing, validated decision aids. This literature review, in conjunction with our collaboration with content experts, informed the development of our qualitative study aims and focus group guide and narrowed the scope of our research (Appendix 9).

Technical Objective 3: *To perform a qualitative inquiry by conducting focus groups and in-depth interviews to determine demographic, psychosocial, and cultural factors associated with prostate cancer screening among African American, Latino, Asian, and Native American men from the Houston area.*

The project, **Center for Research on Minority Health - Prostate Cancer & Health Disparities Research** has been granted exemption from full IRB protocol review (See Appendix 9). The MD Anderson IRB staff and Chair have approved the following research materials associated with the qualitative inquiry: a focus group guide (Appendix 10) and a demographic questionnaire that includes a statement at the beginning which indicates that the return of the completed form constitutes agreement to participate and authorization to use the data for research (See Appendix 11). Please note that as requested by our IRB, the protocol was submitted in the form of a letter requesting exemption from full IRB review, followed by a brief description of the proposed research (Appendix 12). The protocol has been subsequently refined and narrowed to include only focus groups (See below). Currently, we are waiting for approval from the Human Research Protection Office USAMRMC Office of Research Protections to begin data collection.

As previously noted, via LINCC we have partnered with leading content experts in the field of prostate cancer screening and IDM/SDM such as Drs. Robert Volk (Baylor College of Medicine), Patricia Mullen (UT SPH), and Theresa Byrd (UT SPH at El Paso) in the design, tailoring, and execution of the study. Drs. Volk and Mullen are Co-Principal Investigators in a CDC-funded study, *SIP 23-Evaluating The Effect Of Professional Education On Provider Interventions For Informed Decision Making About Prostate Cancer Screening*. Dr. Byrd is the PI of a community-based CDC-funded SIP 21, a community-based participatory research collaboration among three universities and two research networks to increase informed decision making (IDM) for prostate cancer screening in Mexican American and African American men titled *Community Interventions in Non-Medical Settings to Increase Informed Decision Making for Prostate Cancer Screening*. After careful deliberation among study investigators and collaborators, we concluded that the most needed and salient research questions could be adequately answered by conducting focus groups. This qualitative inquiry would add to the current knowledge base by extending cutting-edge IDM research to populations not currently included in other studies. We also determined that key informant interviews would not be necessary and have incorporated plans for the cognitive testing of materials/decision aids/items into our focus groups.

Focus groups will be conducted with Native American, Salvadorian, and Puerto Rican men aged 50-74, without a history of cancer. We determined the age criterion based on the new recommendation from the U.S. Preventive Services Task Force (See

<http://www.ahrq.gov/news/press/pr2008/tfproscanpr.htm>.). We will explore knowledge, attitudes, and beliefs about prostate cancer and screening in these groups and examine differences across groups. We will also investigate factors associated with decision-making for prostate cancer screening in each ethnic group and identify cultural factors that may influence screening decisions.

We will also conduct very timely, additional cross-cultural testing of materials our UT SPH and Baylor College of Medicine partners have developed to promote IDM in prostate cancer screening. Specifically, we will conduct a face validation of the “Is it right for me?” which is a prostate cancer screening decision aid (Appendix 13). We will also examine participants’ receptivity to the process of IDM and prostate cancer screening in general, as well as preferences related to the content and format of the materials (See Appendix 10). The decision aid includes a patient education brochure on prostate cancer screening and is accompanied by a CD-Rom which is a verbatim narration of the booklet. The materials are available in both English and Spanish and the accompanying CDs address the potential problem of health literacy quite well. Co-Investigator, Dr. Isabel Torres will conduct a training session designed specifically for this study. The focus group guide(s) developed were informed by the literature, consultations with content experts, and input from specific members of the CRMH Scientific and Community Advisory Committees.

We are working with the CRMH's Community Relations Core and Community Advisory Committee members to provide recommendations and promote the research in the communities. We will not be collecting personal identifiers from any of the participants. Only basic demographic data such as age, gender, ethnicity, marital status, country of origin, number of years in the US, years of education, health insurance, and household income will be collected from participants. We will also collect brief data on acculturation and knowledge related to prostate cancer and screening prior to the focus groups (See Appendix 11). These data will only be reported in aggregate form: i.e., “the majority of focus group participants were between the ages of 65-70”, etc.

The additional testing of these important materials in other populations will greatly add to the evidence base and contribute importantly to the field. Findings from the qualitative inquiry will be analyzed using Atlas.ti, a qualitative data management program and published in relevant peer-reviewed journals. Findings from this study also could be used to inform the cultural tailoring of existing prostate cancer screening/IDM survey instruments such as SIP 23’s survey instrument that assesses 1) accuracy of individuals’ knowledge, beliefs, and perceptions of risk about prostate cancer and screening and options for early detection, including risks, limitations, benefits, alternatives, and uncertainties of various options; 2) individuals’ participation in decision making at the level desired for prostate cancer screening; 3) facilitation of decision making consistent with individual preferences and values. These measures were based on Dr. Volk’s study examining SDM in low-income African American and Latino (mainly Mexican American) couples and on other existing measures.

Technical Objective 4: *To develop and pretest a survey instrument assessing various constructs related to prostate cancer and screening, including knowledge, beliefs, risk perceptions, and preferred patterns in the delivery of health care and cancer prevention messages.*

4.1 To develop and pretest a set of core questions related to prostate cancer and prostate cancer screening that apply to all minority men, and to identify divergent items or determinants that are specific to each of the 4 ethnic groups of men.

AIMS 1-5 and technical objectives 1-3 have been addressed during this reporting period. Our plan, however, was to carry out technical objective 4 and 4.1 in year 2. The timeline for conducting this phase of the research was modified after receiving the following review from one of the scientific reviewers of the original proposal:

Reviewer: “Consider changing to a 2-year timeline for the pilot portion of the program, considering the length of time needed to obtain Institutional Review Board and Human Subjects Research Review Board approvals for the focus group studies.”

CRMH Response: “We appreciate this observation regarding changing to a 2-year timeline for the pilot portion of the program. With this in mind, a request has been made for continued support of this effort through year 2 by submitting an additional appropriation request through the Department of Defense. IRB approval at our institution in general can be a lengthy process, especially given the complexity of the proposed research topic and numerous logistical considerations, such as the various languages of the focus group and interview guides, and instruments that will have to be submitted and approved. Although such considerations have been taken into account in our projected timeline, we cannot always predict the time necessary to obtain IRB approval. Furthermore, although the CRMH is exceptionally well suited to conduct this type of qualitative inquiry and community-based participatory research, quality, meaningful, community-based research is not without its challenges, and can be time and labor intensive. We will therefore keep the program officer of this project apprised of our progress.”

As stated in our response to the reviewers’ comments, we submitted a Congressional appropriations request through the Department of Defense for year 2. Unfortunately, earmarks and funding levels were drastically reduced and our request was not granted for the following year. However, as noted above, future funding would provide the opportunity to conduct additional research to adapt, test and modify existing measures in different groups of ethnic minority men.

III. The Prostate Outreach Project Mobil Unit

Prostate cancer is the most common cancer among males and the second leading cause of cancer death among older males. African American men have a 60% higher incidence of the disease and a two fold higher chance of dying of prostate cancer if diagnosed. The University of Texas, M.D. Anderson Cancer Center Prostate Outreach Project (UTMDACC POP) is a community-based education and early prostate cancer detection program initially established in two underserved primarily African American communities in June 2003. Community sites were selected to recruit those African American men that were more likely to be indigent and could most benefit from program services. POP participants are invited to undergo free prostate cancer education and testing as well as to receive quality care and follow-up of urologic test results. The program is sponsored via a Congressional allocation, as well as funds administered via The University Cancer Foundation of M. D. Anderson, The Prostate Cancer Research Program and the Division of Cancer Prevention and Population Sciences. Dr. Curtis Pettaway of the Department of Urology serves as the Program Director. The goal of the POP is to reduce prostate cancer mortality among underserved minority populations with an emphasis on African-American men. The program objectives are:

1. CLINICAL – To provide free prostate cancer early detection services and access to follow-up in a primarily underserved African-American population in the Harris County, Texas, area.
2. RESEARCH – To increase the body of knowledge with respect to the disparate incidence and outcomes for prostate cancer in Houston/Harris County
3. EDUCATION – To promote and develop effective mechanisms for prostate cancer awareness and education among underserved African- American communities in the Harris County area.
4. PREVENTION – To increase the awareness of prostate cancer prevention methods and opportunities among African-American males.

To achieve the above objectives, POP participants are invited to:

- Receive free prostate cancer education and testing (serum prostate specific antigen and digital rectal examination).
- Receive quality care and follow-up of urologic test results. A collaborative relationship exists with Lyndon Baines Johnson Hospital (Harris County Hospital District) to assist in the care of men who are uninsured.
- Provide an extra blood sample at the time of routine testing for research.
- Provide (where applicable) a prostate tissue sample for banking.

Body

Recruitment of Subjects

Specific to the current proposal the POP Program during the funding period assisted the Center of Research on Minority Health in accomplishing the following tasks as per the scope of work:

Developing and maintaining infrastructure to support cancer awareness, education and research.

Developing and enhancing models to enhance the recruitment and retention of minority populations.

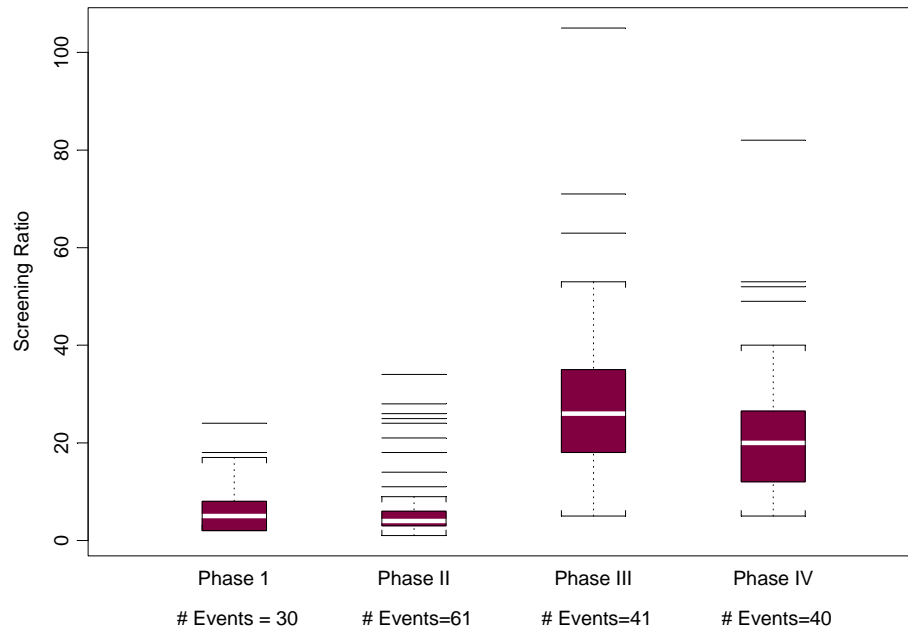
The POP program is an ongoing effort to educate minority populations about prostate cancer and perform prostate cancer detection among those informed individuals who chose to participate. Table one below describes our study cohort accrued during the period from April 16th 2007 to May 15th, 2008:

Table 1		April 16, 2007 - May 15, 2008
Screening Ratio:		24
Accrual to Date:	Participants:	738
	Events:	31
Abnormal to Date:		115
	Lost to Follow - Up :	26
	Refused follow-up	1
	Logistic Issues	
	Incorrect Patient information	17
	Didn't keep scheduled Doctor Appts.	
	Language Barrier	8
	Deceased	
	Referred for "Gold Card":	4
	Referred to physician(Appt. Made):	23
	Saw Local MD/Status pending:	4
	Saw MD status confirmed:	
	* Prostate Cancer	5
	MDACC	1
	LBJ	1
	Herman	
	Other	3
	* Negative Biopsy	4
	* No Biopsy	5
	Medical Decision:	5
	Patient Refusal:	

	DRE Confirmed Normal - (PSA < 2.4 ABN DRE)	
	Patients moved to normal status :	6
	<i>Abnormal PSA > 4.0 Abnormal DRE</i>	7
	<i>Abnormal PSA > 4.0 Normal DRE</i>	20
	<i>Abnormal PSA > 4.0 DRE Not Done</i>	9
	<i>Abnormal PSA >2.4 and <=4.0 Abnormal DRE</i>	4
	<i>Abnormal PSA >2.4 and <=4.0 Normal DRE</i>	26
	<i>Abnormal PSA >2.4 and <=4.0 DRE Not Done</i>	6
	<i>Normal PSA<=2.4 and Abnormal DRE</i>	43
	Awaiting Feedback	38
Racial Breakdown:		
	African American	316
	African	4
	Asian	156
	Asian American	59
	Caucasian	34
	Latin American	124
	Middle Eastern	1
	Native American	3
	Unknown	34
	OTHER	7
Symptoms:		
	AUA Moderate	131
	AUA Severe	47
	Hematuria	42
	Smokers	287
	<i>Current</i>	78
	<i>Former</i>	209
	Cancer History	29
	Erectile Dysfunction	274
	Request Eval.	144

Between April 2007 and May 2008, a total of 35 screening events were held and 738 men participated in the program. As shown in the above table approximately 43% were of African descent (AA) whereas 29% were Asian and 16% were of Hispanic origin. While the POP program targeted AA men we also specifically targeted underserved Asian and Hispanic populations to determine the utility of the prostate cancer video “Listen Up II- Prostate Cancer Education through awareness among those populations among these populations. The video is translated into Spanish, Chinese and Vietnamese for these purposes.

Related to recruitment we partnered with a variety of groups to accrue the participants. The most successful strategies were with churches and community organizations where we enlisted the support of motivated individuals (often prostate cancer survivors) to speak to their constituents about the program and generate support. Based upon their efforts we required a completed sign up sheet of over 20 willing participants prior to agreeing to visit the site. Together with our mobile screening effort that provided access to a variety of sites in the Houston-Harris county area our screening ratio remained successful at 24men/event during the current phase of our program. The figure below shows the improvement in our screening ratio during various phases of our program

Figure 1. Box plots of screening ratios by phase.**Table 2. Summary of screening ratio by phase.**

Phase	Screening ratio	
	mean	median (range)
I	6.4	5 (2 - 24)
II	6.6	4 (1 - 34)
III	29	26 (5 - 105)
IV	23.2	20 (5 - 82)

There was a significant increase in the screening ratio during recruitment Phase III, compared to Phase I/II ($p < 0.001$; Wilcoxon rank-sum test).

There was a significant increase in the screening ratio during recruitment Phase IV, compared to Phase I/II ($p < 0.001$; Wilcoxon rank-sum test).

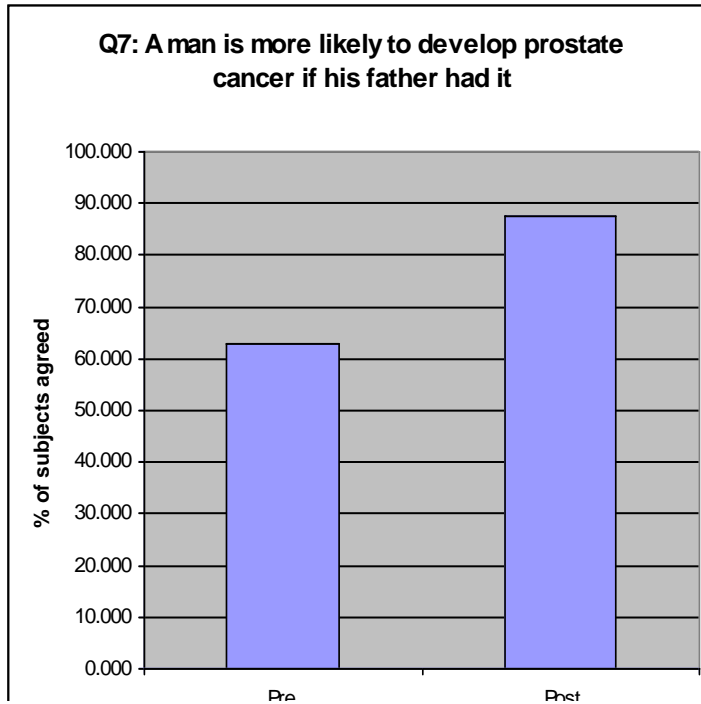
During the study period 115 men had either an abnormal digital rectal examination or serum prostate specific antigen (PSA) level. Of these 26 (23%) were lost to follow-up in that they failed to reach the endpoint of seeing a physician. Based upon our experience this can be further broken down into:

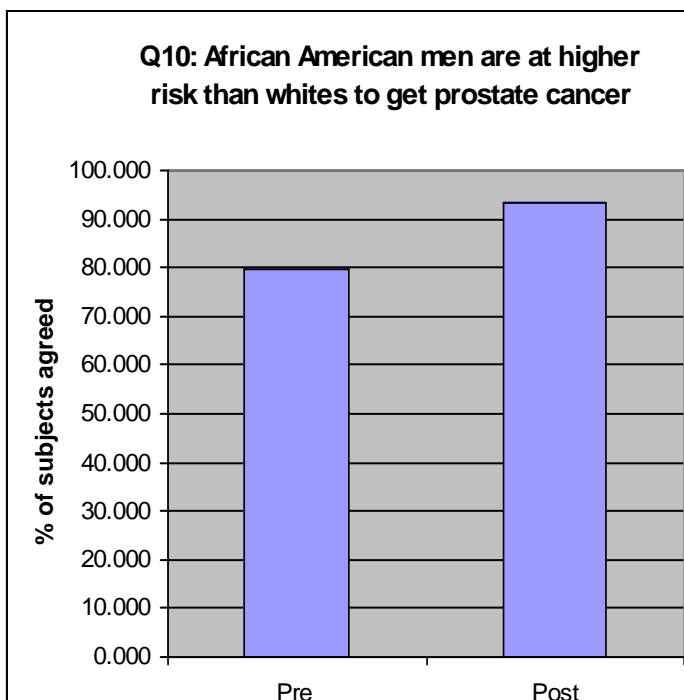
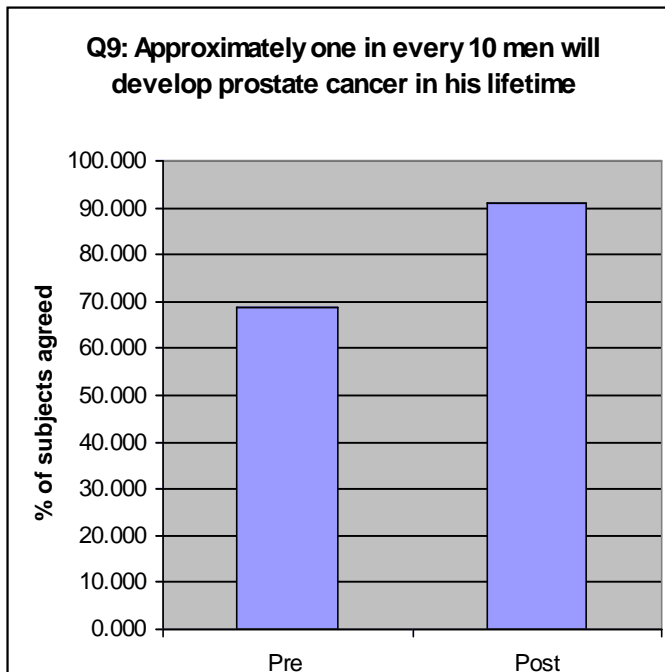
Incorrect contacts	31%
Language barriers	21%
Access, or refusal	24%
Death or serious other illness	2%

It is of note that 19% of men with further phone calls could be moved to a successful endpoint. It is also of interest that among the 14 men who saw a physician only 9/14 has a further prostate biopsy. Thus five men (35%) did not have a biopsy based upon the physicians recommendation. Clearly we will need to further define the attitudes of physicians regarding further testing of men with abnormal results!

Knowledge Assessment

With respect to educational testing participants underwent pre-post knowledge assessment after viewing the recent Prostate Cancer educational Video Listen Up II. We utilized four questions from the modified educational survey (by Ashford et al. 91: 164, 2001) utilized among an AA population in Harlem, New York City. The results below indicate the change in knowledge in our overall program for the four questions studied.





Based upon the above data we saw a significant increase in knowledge after watching the video. Baseline variables associated with increased knowledge included age, race, education family history, having a physician and having had prior detection testing. However after watching the video only family history and prior testing were significant. This showed that the effect of educational level was abrogated by watching the video.

Research specimen collection

Based upon community involvement, informed decision making, and participant buy in the POP has been very successful in obtaining blood samples for research among participants. The table below shows our specimen accruals over time including the period of the current proposal. Such

samples will be an invaluable resource for future studies related to disease predisposition and early detection among diverse minority populations.

The tables show blood specimens obtained from men undergoing testing as well as tissue samples from men who underwent further evaluation for prostate cancer or treatment.

Over 95% of POP participants agreed to provide a sample for research. This shows the high acceptance rate for the concept of research performed in the minority community as a function of a partnership.

Table 3. Summary of Prostate Outreach Project Specimens Collected For 2003, 2004, 2005, 2006, 2007 and First 5 Months of 2008

Year	Number of Clinics	Number of Patients	Number of Plasma Specimens Collected	Number of Plasma Aliquots	Number of Plasma Pellet Aliquots	Number of Serum Specimens Collected	Number of Serum Aliquots	Only Research Collected; No PSA	PSA Only; No Research Collected
2003	54	353	342	1026	1026	352	1051	0	1
2004	48	897	872	2613	2614	894	2672	1	4
2005	32	764	746	2236	2235	754	2240	10	0
2006	45	1203	1134	3397	3396	1181	3462	10	12
2007	23	435	410	1220	1222	429	1213	1	5
2008	12	324	61	181	181	61	180	0	263
Totals	223	4210	3620	10836	10837	3726	10980	22	464

Total Number of Samples Stored Yr 2008=542

Total Number of Samples Stored Yr 2003 thru 2008=32,653

Table 4. Summary of Prostate Outreach Project Pathology Samples		
Total of potential tissue samples to bank	189	
Total Participants with Prostate Cancer	73	
Radical Prostatectomy		28
Radiation Therapy		19
Hormonal Ablation		2
Chemotherapy		2
No Treatment		5
Watchful Waiting		3
Radiation/Hormone Therapy		1
Treatment Unknown (For POP participants located through TCR treatment information was not provided. The 16 participants located through TCR were called and information regarding treatment was obtained on 3 of the participants)		13
Total Participants with Negative Biopsies	88	
Tissue Samples Banked in Dr. Troncoso's Lab	54	
Negative biopsy samples banked - 28		
Positive biopsy samples banked - 26		
Total Radical Prostatectomy samples banked - 11/26		

KEY RESEARCH ACCOMPLISHMENTS: Bulleted list of key research accomplishments emanating from this research.

I) CRMH infrastructure:

- A fortified CRMH infrastructure that supports a working network that develops culturally sensitive programs to support cancer awareness, cancer research, and training.
- A strong and sustained working network of community-based organizations; government agencies; research, educational, and medical institutions that address the disproportionate

rates of cancer incidence and mortality in the Houston area through educational outreach, research, and procurement of needed services.

- An adept team of CRMH researchers and community health workers who conduct multiple types of health needs assessments and promote health education in the ethnic minority communities of Houston and surrounding areas.
- A multifaceted program that provides mentoring and extensive training for minority students at various educational levels pursuing careers in biomedical, epidemiological, and behavioral research.
- A holistic model of research that results in “science that benefits the community” and enhances the recruitment and retention of minority populations participating in clinical trials.

II) Prostate cancer screening and informed decision making research:

- Engaged key members of CRMH CAC and SAC in the research process.
- Productive collaboration with top content experts in IDM and prostate cancer screening.
- Completion of formative work that will expand the evidence-base in IDM and prostate cancer screening to other ethnic minority communities.
- MD Anderson IRB approval to conduct the qualitative inquiry.
- Development and approval of qualitative study materials

III. The Prostate Outreach Project Mobil Unit

- Accrual of over 700 participants with a participant to event ratio of 24 men per event.
- Accrual of an ethnically diverse population of underserved minorities
- Increased prostate cancer knowledge among the cohort
- Successfully obtained research samples in over 95% of study cohort.

REPORTABLE OUTCOMES: Provide a list of reportable outcomes that have resulted from this research to include:

- manuscripts, abstracts, presentations; patents and licenses applied for and/or issued; degrees obtained that are supported by this award; development of cell lines, tissue or serum repositories; informatics such as databases and animal models, etc.; funding applied for based on work supported by this award; employment or research opportunities applied for and/or received based on experience/training supported by this award.

I. CRMH Infrastructure:**Grant Submissions (See Appendix 14):**

- 38 grants applications submitted (12 funded; 7 pending; and 19 not funded).

Manuscripts (See Appendix 7):

- 35 manuscripts in peer-reviewed journals; 1 national report; 1 book chapter in a prestigious publishing house.

Presentations and Abstracts (See Appendices 15 and 16):

- 15 scientific oral or poster presentations by CRMH junior faculty during the reporting time period. This number does not include presentations made by the director of the CRMH, Dr. Lovell A. Jones or CRMH postdoctoral fellows. Please see Appendix 16 for a detailed list of Dr. Jones' public speaking and media engagements in health disparities.

Community Events:

- 169 community events for the reporting period (37% for recruitment; 22% for networking; 30% for promotion; 19% for collaboration).

POP Events:

- 35 Screening events; 759 men screened during the reporting period

Education Core:*Disparities in Health in America: Working Toward Social Justice (Fall Anchor Course)*

- 68 Undergraduate and 8 Graduate students enrolled in the Fall 2007.

Disparities in Health in America: Summer Workshop

- Summer 2007: 197 registered attendees
- Summer 2008: 246 registered attendees

PIPELINE Scientific Training Program

- 6 pipeline summer high school students

Science Project

- 160 K-2 students attended
- 8 teachers participated

Environmental Health Summer Institute

- 8 teachers trained

University of Texas School of Public Health Interns or Practicum

- 3 MPH students and 1 DrPH student at CRMH

II) Prostate cancer screening and informed decision making research:

The infrastructure, collaborations, plans, materials, and approvals are all in place to begin the research during the proposed No-Cost Extension period. The research will result in at least two publications in peer-reviewed journals and 2 community reports. Findings from this study may also be used to inform the development of a larger study. The focus group guide, cognitive testing protocol, and the decision aid, “Is it right for me?”, and IRB approval letter are included in Appendices.

III. The Prostate Outreach Project Mobil Unit

Awards

Dr. Pettaway received the Omega Psi Phi Citizen of the year award for his community based efforts, November 2006.

Dr. Pettaway was awarded NIH Loan repayment scholarships for the Health Disparities Research Category for 2006-2007.

Abstract/Poster Presentations

1. Knowledge and Attitudes of Prostate Cancer Awareness, Education, and Early Detection Among Underserved African American Men in the Houston/Harris County Communities: The M. D. Anderson Cancer Center Prostate Outreach Project Experience
Jacqueline Frost, Xuemei Wang, Lancelot L. Jones, Cassandra L. Harris, Pamela Roberson, Demetris A. Green, and Curtis A. Pettaway. *10th Biennial Symposium on Minorities, the Medically Underserved & Cancer* in Washington, D.C. April 2006

Community Based Recruitment of Underserved African American Men for Prostate Education and Screening. Kelly H. Moore, Jacqueline Frost, Pamela Roberson, Nicole Hinton, Lovell Jones, and Curtis Pettaway. *10th Biennial Symposium on Minorities, the Medically Underserved & Cancer* in Washington, D.C. April 2006

The Prostate Outreach Project (POP): Novel Methods Of Recruitment For Prostate Education And Screening Among Underserved African American Men: Jacqueline Frost, Kelly Hodges, Xuemei Wang, Pamela Roberson, Nicole Hinton, Curtis A. Pettaway. Accepted for oral presentation- Bridging the Health Care Divide; Research and Progress to Eliminate Health Care Disparities, American Cancer Society, April 19th, 2007

Student Mentored Poster Presentation: The Prostate Outreach Project (POP): Evaluating Why Men Are Non Compliant with Follow-up Recommendations. Means, M, Frost, J, Pettaway, CA. August 2007

Oral Presentations Related to early detection Among African Americans

1. Early Detection of Prostate Cancer: What More Do We Know in 2007
The M. D. Anderson Alumni & Faculty Association, 5/2007

2. 4th Annual African American Men's Health Symposium, The Houston Area Coalition of Chapters of Omega Psi Phi Fraternity, Inc. 10/2007

3. Prostate Cancer in African American: Insights Into Turning the Tide, Knowledge is Power. Increasing Cancer Awareness Among African American Men and Women, Palm Beach Cancer Institute Foundation, West Palm Beach, FL, 4/5/2008

4. Prostate Cancer Mortality in African Americans: Insights into Biology and Turning the Tide, WABC Health Fair Ministry, Wheeler Baptist Church, Houston, TX, 4/26/2008

CONCLUSION: Summarize the results to include the importance and/or implications of the completed research and when necessary, recommend changes on future work to better address the problem. A "so what section" which evaluates the knowledge as a scientific or medical product shall also be included in the conclusion of the report.

The Center for Research on Minority Health (CRMH) at The University of Texas M. D. Anderson Cancer Center (M. D. Anderson) was established in 2000 as part of a Congressional mandate contained in the Omnibus Bill Public Law 106-113. In that Bill, Congress instructed M. D. Anderson Cancer Center to create a center of excellence whose focus would be on addressing health disparities in minority and medically underserved populations. In doing so, the CRMH became the first such congressionally mandated center in the nation outside of the federal government. The funds awarded by Congress were primarily designated for the creation of an infrastructure to position the new center's successful competition for external funding from various agencies interested in supporting research and educational efforts that address the unequal burden of disease in underserved populations. Today, the CRMH continues to be a unique entity whose focus on health disparities can be summarized in the phrase "Science That Benefits Community." The mission of the CRMH is to reduce, and ultimately eliminate cancer in ethnic minorities and the medically underserved through outstanding comprehensive programs in research, education, prevention and ultimately patient care. This is being accomplished through research and health promotion activities, cooperative initiatives, education and training and research collaborations. The IDM and prostate cancer screening component of this project will expand cutting edge research to ethnic minority communities and result in new, culturally appropriate interventions to promote informed decision making in various ethnic groups.

The Prostate Outreach Program has shown that a community based prostate cancer education and early detection program among underserved minorities is feasible. The salient components of the program were: 1) A mobile unit that enhanced access; 2) Video based education system and 3) Development of relationships with community partners and the county hospital district. The "POP" model may facilitate further research opportunities within the underserved community and result in enhanced knowledge and potentially improved health outcomes.

REFERENCES: List all references pertinent to the report using a standard journal format (i.e. format used in *Science*, *Military Medicine*, etc.).
N/A

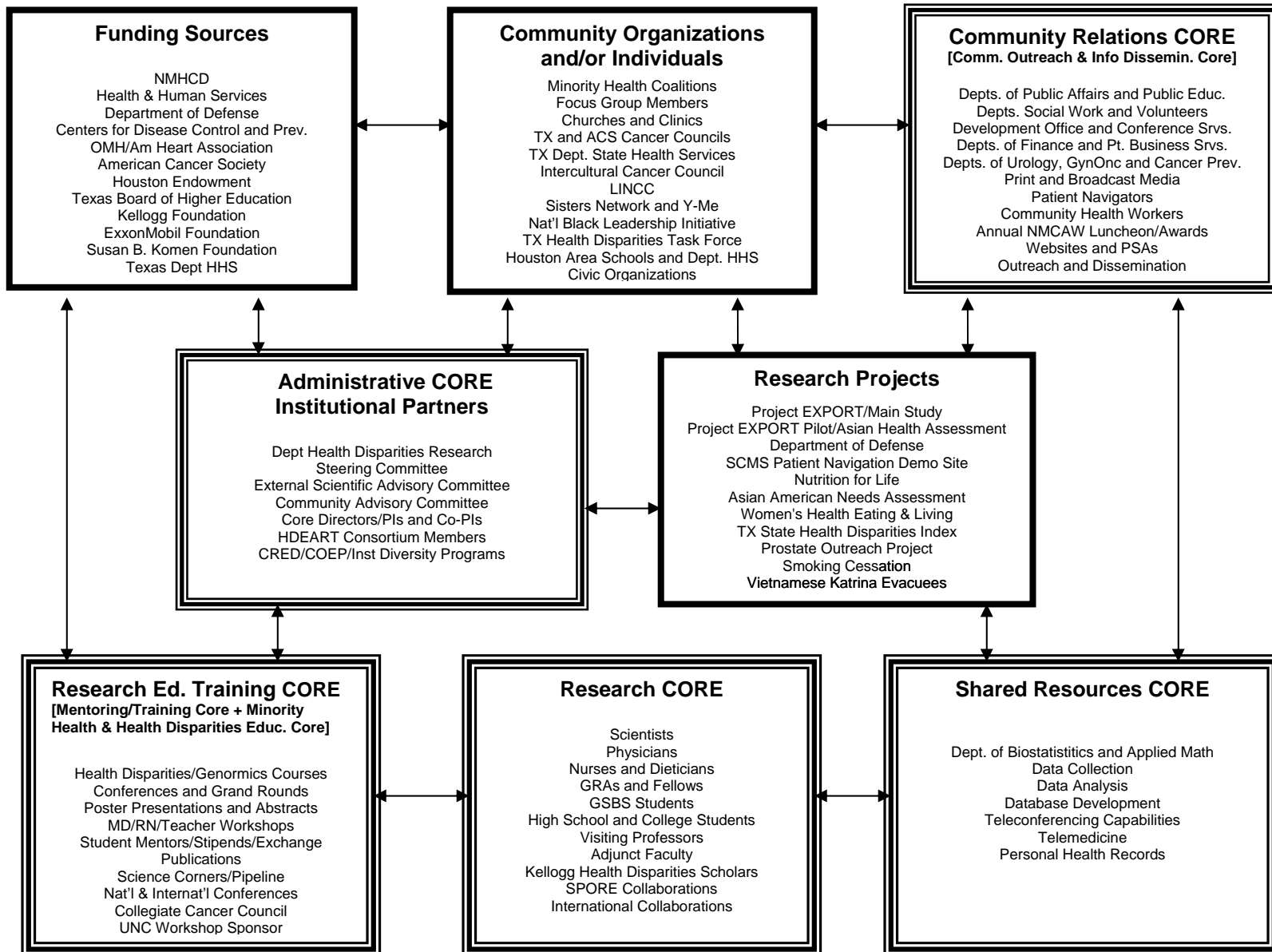
APPENDICES: Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.

SUPPORTING DATA: All figures and/or tables shall include legends and be clearly marked with figure/table numbers.

APPENDIX I.

CRMH MODEL

Appendix 1. Components of CRMH Model: Science that Benefits Community



APPENDIX II.

CRMH INFRASTRUCTURE

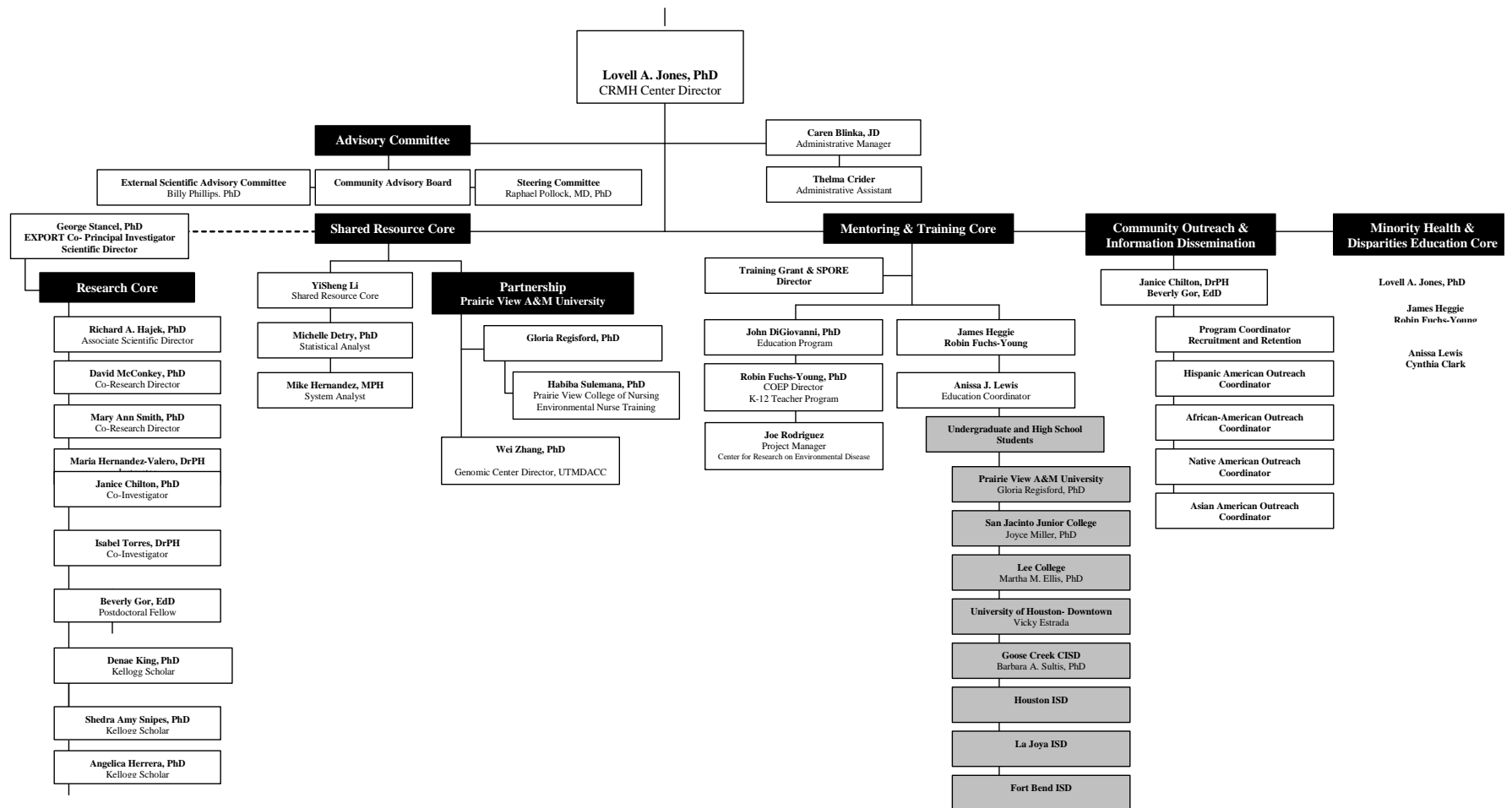


Figure 2. CRMH Infrastructure

APPENDIX III.

HDEART CONSORTIUM

Figure 3.

Disparities in Health in America: Working Toward Social Justice
Health Disparities Education, Awareness, Research & Training (HDEART) Consortium
Center for Research on Minority Health
Presidents List

Name/Credentials		Title/Department	Institution/Address	Phones/Email
Adams, Betty N.	Ph.D.	Professor & Dean College of Nursing College of Nursing	Prairie View A&M University College of Nursing 6436 Fannin Houston, TX 77030	betty_adams@pvamu.edu
Calhoun, Kirk A.	M.D.	President Office of the President	The University of Texas Health Center at Tyler 11937 US Highway 271 Tyler, TX 75708-3154	kirk.calhoun@uthct.edu
Dickey, Nancy W.	M.D.	President & Vice Chancellor Health Affairs	The Texas A&M University System Health Science Center John B. Connally Bldg., 301 Tarrow Street, 7th Floor College Station, TX 77840-7896	dickey@hsc-hq.tamu.edu
Ellis, Martha	Ph.D.	President Office of the President	Lee College P.O. Box 818 Baytown, TX 77520-4796	mellis@lee.edu
Davis, Eddie J.	Ph.D.	Interim President Office of the President	Texas A&M University 1246 TAMU College Station, TX 77843-1246	president@tamu.edu
Horvath, Thomas B.	M.D.	Chief of Staff Veterans Affairs	Michael E. DeBakey Veterans Affairs Medical Center 2002 Holcombe Boulevard Houston, TX 77030	thomas.horvath@med.va.gov

Figure 3.

Disparities in Health in America: Working Toward Social Justice
Health Disparities Education, Awareness, Research & Training (HDEART) Consortium
Center for Research on Minority Health
Presidents List

Name/Credentials		Title/Department	Institution/Address	Phones/Email
Leebron, David W.	J.D.	President	Rice University	president@rice.edu
		Office of the President	Office of the President-MS1 P.O. Box 1892 Houston, TX 77251-1892	
Mendelsohn, John	M.D.	President	The University of Texas M.D. Anderson Cancer Center	jmendelsohn@mdanderson.org
		Office of the President	1515 Holcombe Boulevard Houston, TX 77030-4009	
Stuart, Ann	Ph.D.	Chancellor & President	Texas Woman's University	astuart@twu.edu
		Office of the Chancellor for Academic Affairs	Office of the Chancellor for Academic Affairs, P.O. Box 425587 Denton, TX 76204-5587	
Traber, Peter	M.D.	President & Chief Executive Officer	Baylor College of Medicine	pgtraber@bcm.tmc.edu
		Office of the President	One Baylor Plaza Houston, TX 77030	
Willerson, James T.	M.D.	President	The University of Texas Health Science Center-Houston	james.t.willerson@uth.tmc.edu
		Academic Affairs	P.O. Box 20036 Houston, TX 77225-0036	
Williams, Stephen L.	M.S.	Director	City of Houston-Houston Dept. of Health & Human Services	stephen.williams@cityofhouston.net
		Health and Human Services	8000 North Stadium Drive Houston,, TX 77054	

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Disparities in Health in America: Working Toward Social Justice
Health Disparities Education, Awareness, Research & Training (HDEART) Consortium
Center for Research on Minority Health
Presidents List

Name/Credentials		Title/Department	Institution/Address	Phones/Email
Wright, George C.	Ph.D.	President	Prairie View A&M University	gcwright@pvamu.edu
		Office of the President	P.O. Box 519 Prairie View, TX 77446-0188	
Killebrew, Flavius C.	Ph.D.	President/CEO	Texas A&M University-Corpus Christi	fkillebrew@mail.tamucc.edu
		Office of the President	6300 Ocean Drive Corpus Christi, TX 78412	
Lakey, David L.	M.D.	Commissioner	Texas Department of State Health Services	david.lakey@dshs.state.tx.us
		Office of the Commissioner	1100 W. 49th Street Austin, TX 78756	
Cigarroa, Francisco G.	M.D.	President & Professor of Pediatric & Transplantation Surgery	The University of Texas Health Science Center-San Antonio	cigarroa@uthsca.edu
		Office of the President-MSB 7834	7703 Floyd Curl Drive San Antonio, TX 78229-3900	
Castillo, Max	Ed.D.	President	University of Houston-Downtown	castillom@uhd.edu
		Office of the President	One Main Street Houston, TX 77002-1001	
Mittemeyer, Bernhard	M.D.	President	Texas Tech University Health Sciences Center	bernhard.mittemeyer@ttuhsc.edu
		President's Office	3601 4th Street Stop 6258 Lubbock, TX 79430	

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Disparities in Health in America: Working Toward Social Justice
Health Disparities Education, Awareness, Research & Training (HDEART) Consortium
Center for Research on Minority Health
Presidents List

Name/Credentials		Title/Department	Institution/Address	Phones/Email
Wildenthal, Kern	M.D.,	President	The University of Texas Southwestern Medical Center at Dallas	kern.wildenthal@utsouthwestern.edu
		Office of the President	5323 Harry Hines Boulevard Dallas, TX Texas 75390-9002	
Boddie, Jr., J. Timothy	M.A.	Interim President	Texas Southern University	boddie_jt@tsu.edu
		Office of the President	3100 Cleburne Street Houston, TX Texas 77004	
Callender, David L.	M.D.	President	The University of Texas Medical Branch- Galveston	dcallender@utmb.edu
		Office of the President	301 University Boulevard Galveston, TX Texas 77555-0129	
Rudley, John M.	Ed.D.	Chancellor/President	University of Houston-Main Campus	jrudley@uh.edu
		Office of the Chancellor/President	212 E. Cullen Building Houston, TX Texas 77204-2018	
Baldwin, John C.	M.D.	President	Texas Tech University Health Sciences Center	john.baldwin@ttuhsc.edu
		President's Office	President's Division-HSC, 3601 4th Street Stop 6258 Lubbock, TX Texas 79430	
Ammons, James H.	Ph.D.	President	Florida Agricultural & Mechanical University	james.ammons1@fam.u.edu
		Office of the President	400 Tallahassee Tallahassee, FL Florida 32307-3100	

Figure 3.

Disparities in Health in America: Working Toward Social Justice
Health Disparities Education, Awareness, Research & Training (HDEART) Consortium
Center for Research on Minority Health
Presidents List

Name/Credentials		Title/Department	Institution/Address	Phones/Email
Murphy, Maureen	Ph.D.	President	San Jacinto College-South	maureen.murphy@sjcd.edu
		Office of the President	13735 Beamer Road Houston, TX Texas 77089	

Consortium Organization Members:

Baylor College of Medicine
 City of Houston-Houston Dept. of Health & Human Services
 Florida Agricultural & Mechanical University
 Instituto Nacional de Salud Publica-Mexico (National Institute of Public Health)
 Lee College
 Michael E. DeBakey Veterans Administration Medical Center
 Prairie View A&M University
 Prairie View A&M University College of Nursing
 Rice University
 San Jacinto College-South
 Texas A&M University
 Texas A&M University-Corpus Christi
 Texas A&M University Health Science Center
 Texas Department of State Health Services
 Texas Southern University
 Texas Tech University Health Sciences Center

Texas Woman's University
 The University of Texas Health Center at Tyler
 The University of Texas Health Science Center-Houston
 The University of Texas Health Science Center-San Antonio
 The University of Texas M.D. Anderson Cancer Center
 The University of Texas Medical Branch-Galveston
 The University of Texas Southwestern Medical Center at Dallas
 Tulane University (Interested)
 Universidad Atunoma del Estado de Mexico (University of the State of Mexico)
 University of Houston-Main Campus
 University of Houston-Downtown
 University Autonoma De San Luis Potosi (University Autonoma of San Luis Potosi) (Interested)

APPENDIX IV.

FALL 2007 HEALTH DISPARITIES COURSE

DISPARITIES IN HEALTH IN AMERICA: WORKING TOWARDS SOCIAL JUSTICE
TEXAS SOUTHERN UNIVERSITY
2007 FALL SCHEDULE

5:30 p.m. – 8:30 p.m.
August 28, 2007 – December 15, 2007

August 28, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor

“Overview of Class Requirements.” - [Lovell A. Jones, Ph.D.](#), Director, Center for Research on Minority Health, Division of Cancer Prevention & Population Sciences, Department of Health Disparities Research; Professor, M.D. Anderson Cancer Center, Houston, TX. **(confirmed)**

15 Minute Break

August 28, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor

“Overview of Biological Factors.” - [Lovell A. Jones, Ph.D.](#), Director, Center for Research on Minority Health, Division of Cancer Prevention & Population Sciences, Department of Health Disparities Research; Professor, M.D. Anderson Cancer Center, Houston, TX. **(confirmed)**

September 4, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor

“Overview of Cultural Factors.” - [Janice Chilton, Dr.P.H., C.H.E.S.](#), Instructor, Center for Research on Minority Health, Division of Cancer Prevention & Population Sciences, Department of Health Disparities Research, M.D. Anderson Cancer Center, Houston, TX. **(confirmed)**

15 Minute Break

September 4, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor

“Does Our Current Health Care Policy Contribute to Health Disparities.” – [Nicholas Iammarino, Ph.D., C.H.E.S.](#), Professor of Health Education, Department of Kinesiology, Rice University, Houston, TX. **(confirmed)**

September 11, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor

“Assessing and Addressing Asian American Health in Houston.” - [Beverly J. Gor., Ed.D., R.D., L.D., C.D.E.](#), Associate Program Director Community Relations, Center for Research on Minority Health, Division of Cancer Prevention & Population Sciences, Department of Health Disparities Research, M.D. Anderson Cancer Center, Houston, TX. **(confirmed)**

15 Minute Break

September 11, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor

“Exploring the Complex Dynamics of Health Disparities in U.S. Latinos/Hispanics.” - [Guadalupe Palos, R.N., L.M.S.W., Dr.P.H.](#), Assistant Professor, Department of Symptom Research, M.D. Anderson Cancer Center, Houston, TX. **(confirmed)**

September 18, Tuesday, 5:30-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor

“Race and Ethnicity in Health Disparity Research” - [Jerome Wilson, Ph.D.](#), Associate Director for Scientific Program Operations, National Center on Minority Health & Health Disparities, National Institutes of Health, Bethesda, MD. **(confirmed)**

15 Minute Break

September 18, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor

“TBN.” – [Carol J. Paret](#), Vice President of Clinical Effectiveness and Management, Memorial Herman Healthcare System, Houston, TX. **(invited)**

September 25, Tuesday, 5:30-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor

“Genetic Education for Native Americans.” – [Lynne Bemis, Ph.D.](#), Faculty Member, University of Colorado Health Sciences Center, Denver, CO. **(confirmed)**

15 Minute Break

“Genetic Education for Native Americans.” – [Lynne Bemis, Ph.D.](#), Faculty Member, University of Colorado Health Sciences Center, Denver, CO. **(confirmed)**

October 2, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor

“Understanding Genetic Difference: It is Important for Addressing Racial and Ethnic Health Disparities.” – [Vence Bonham, J.D.](#), Senior Consultant on Health Disparities to the Director, National Human Genome Research Institute, National Institute of Health, Bethesda, MD. **(confirmed)**

15 Minute Break
October 2, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor
“TBN” – Maria A. Hernandez-Valero, Dr.P.H. , Instructor, Department of Epidemiology, The University of Texas M.D. Anderson Cancer Center, Houston, TX. (confirmed)
October 9, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor
“TBN” – Charles E. Begley, Ph.D. Professor, University of Texas Health Science Center, School of Public Health, Houston, TX. (confirmed)
15 Minute Break
October 9, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor
“Uses of Technology and Distributed Health Care to Level the Playing Field.” – Clifford Dacso, M.D., M.P.H., M.B.A. , John S. Dunn Sr. Research Chair in General Internal Medicine, The Methodist Hospital Research Institute, Distinguished Research Professor, University of Houston, Houston, TX. (invited)
October 16, Tuesday, 5:30-6:45 p.m., - MID TERM EXAM DISTRIBUTED
“Cultural Competence and Health Disparities” - Larry Laufman, Ed.D. , Associate Director for Educational Development, Chronic Disease Prevention & Control Research Center, Baylor College of Medicine, Houston, TX. (confirmed)
15 Minute Break
October 16, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor
“Genes, Ethnicity and Autoimmunity: A Historical Perspective” - John Reveille, M.D. , Director/Professor, The University of Texas Health Science Center at Houston, Division of Rheumatology and Clinical Immunogenetics, Houston, TX. (confirmed)
October 23, Tuesday, 5:30-6:45 p.m., - MID TERM EXAM DUE
“Health Disparities in Palliative Care: from Developing Nations to Minority Communities.” – Isabel Torres, Dr.P.H. , Instructor, Department of Health Disparities Research, The University of Texas M.D. Anderson Cancer Center, Houston, TX. (confirmed)
15 Minute Break
October 23, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor
“Maternal and Child Health Disparities” Rachel T. Kimbro, Ph.D. , Assistant Professor, Sociology Department, Rice University, Houston, TX. (confirmed)
October 30, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor
“Literacy, Equity and Health Disparities: Enhancing Communications.” - Cathy D. Meade, Ph.D., R.N., F.A.A.N. , Professor, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL. (confirmed)
15 Minute Break
October 30, Tuesday, 7:00-8: 30 p.m., School of Education Bldg., Auditorium, 1st Floor
“Literacy, Equity and Health Disparities: Enhancing Communications.” - Cathy D. Meade, Ph.D., R.N., F.A.A.N. , Professor, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL. (confirmed)
November 6, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor
“Alternative Approaches to Racial Models in Health Disparities Research.” - Fatimah Jackson, Ph.D. , Professor, Department of Anthropology, University of Maryland College Park. (video presentation)
15 Minute Break
November 6, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor
“Race, Genetic Ancestry, & Health Disparities: Real or Imagined Differences.” – Rick Kittles, Ph.D. , Associate Professor, Human Cancer Genetics Program, The Ohio State University, Columbus, OH. (confirmed)
November 13, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor
“Examining Culture in Health Research: Measurement Challenges.” - Cayla R. Teal, Ph.D. , Assistant Professor, Health Services Research, Department of Medicine, Baylor College of Medicine, Research Investigator, Houston Center for Quality Care & Utilization Studies, Michael E. DeBakey Veterans Administration Medical Center, Houston, TX. (confirmed)
15 Minute Break

November 13, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor	
“Culture Clash: The Medical Encounter as a Source of Health Disparities” - <u>Cayla R. Teal, Ph.D.</u> , Assistant Professor, Health Services Research, Department of Medicine, Baylor College of Medicine, Research Investigator, Houston Center for Quality Care & Utilization Studies, Michael E. DeBakey Veterans Administration Medical Center, Houston, TX. (confirmed)	
November 20, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, 1st Floor	
“Merging Culture and Intervention – A Mandatory Element for Success.” – <u>Thelma Hurd, M.D.</u> , Director of the Breast Program, Department of Surgery, University of Texas Health Science Center, San Antonio, TX. (invited)	
15 Minute Break	
November 20, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor	
“TBN” – <u>Thomas R. Cole, Ph.D.</u> , McGovern Chair in Medical Humanities, Director, John P. McGovern M.D. Center for Health, Humanities and the Human Spirit, The University of Texas Health Science Center at Houston Medical School, Houston, TX. (confirmed)	
November 27, Tuesday, 5:30-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor	
“Gender Disparities in Health.” <u>Bridget K. Gorman, Ph.D.</u> , Assistant Professor, Rice University, Houston, TX. (confirmed)	
15 Minute Break	
November 27, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor	
“Advocating for Change: Can Academic Centers Play a Role?” – <u>Armin D. Weinberg, Ph.D.</u> , Professor, Baylor College of Medicine; Director, Chronic Disease Prevention & Control Research Center, Houston, TX. (confirmed)	
December 4, Tuesday, 5:30-6:45 p.m., School of Education Bldg., Auditorium, Final Exams Distributed	
“Connecting to the Future: The Use of Electronic Health Information Exchange to Reduce Health Disparities.” <u>Mark Jones, M.S., M.B.A.</u> , Associated Professor, Department of Computer Science & Engineering, University of Oklahoma, Oklahoma City, OK. (confirmed)	
15 Minute Break	
December 4, Tuesday, 7:00-8:30 p.m., School of Education Bldg., Auditorium, 1st Floor	
“TBN.” – <u>Kenneth E. Thorpe, Ph.D.</u> , Former Deputy Assistant Secretary for the U.S. Department of Health and Human Services, and present Executive Director Partnerships to Fight Chronic Disease, Professor & Chair at the Rollins School of Public Health Policy & Management, Emory University, Atlanta, GA. (invited)	
December 7, 2007, Friday - LAST DAY OF CLASSES at Texas Southern University	
December 11, 2007, Tuesday, 5:30-6:45 p.m. – Students Return Final Exams at TSU	
December 19, 2007 – 12 Noon FINAL EXAMS DUE TO TSU	

	Local Speakers
	Out-of-Town Speakers

APPENDIX V.

HEALTH DISPARITIES IN AMERICA WORKSHOP 2007 & 2008

**The University of Texas M. D. Anderson Cancer Center
Center for Research on Minority Health, Department of Health Disparities Research
Disparities in Health in America: Working Towards Social Justice
5th Annual Summer Workshop
June 23 – 29, 2007**

Conference Agenda

Saturday, June 23, 2007
Biological and Cultural Factors

8:00 a.m. - 1:00 p.m.

Registration

9:00 a.m.

Welcome & Opening

Lovell A. Jones, Ph.D., Director, Center for Research on Minority Health, Founder, Health Disparities, Awareness, Research & Training (HDEART) Consortium, Houston, TX.

David Wetter, Ph.D., Chair, Department of Health Disparities Research, University of Texas MD Anderson Cancer Center, Houston, TX. (confirmed)

Stephen Thomasovic, Ph.D., Senior Vice President for Academic Affairs, University of Texas MD Anderson Cancer Center, Houston, TX. (confirmed)

Kirk Calhoun, M.D., President, The University of Texas Health Center at Tyler, Tyler, TX. (invited)

The Honorable Sheila Jackson Lee, 18th Congressional District, Texas, Houston, TX. (invited)

TBN

10:30

Current Cancer Registry Data and Studies of Disparities: The Northern California Cancer Center Experience. **Dee West, Ph.D., Professor, Stanford Comprehensive Cancer Center, Northern California Cancer Center, Stanford, CA.** (confirmed)

11:20

Questions and Answers

11:45

Workshop Overview

Lovell A. Jones, Ph.D., Director, Center for Research on Minority Health, University of Texas M.D. Anderson Cancer Center, Houston, TX. (confirmed)

12:00-1:00 p.m.

Lunch

1:00

What We've Learned About Asian American Health

**Beverly J. Gor., Ed.D., R.D., L.D., C.D.E., Associate Director, Community Relations,
University of Texas M.D. Anderson Cancer Center, Houston, TX. (confirmed)**

2:00

Exploring the Complex Dynamics of Health Disparities in US Latinos/Hispanics

**Guadalupe Palos, R.N., L.M.S.W., Dr.P.H., Assistant Professor, University of Texas M.D.
Anderson Cancer Center, Houston, TX. (confirmed)**

3:00

15 minute break

3:15

Disparities in Environmental and Occupational Health

**Balius Walker, Jr., Ph.D., Professor, Howard University School of Medicine, Washington,
DC. (confirmed)**

4:15

REACH: Community Based Participatory Research Model Implementation for PROMOTORES

**Larry Morning Star, M.P.H., Dr.P.H., Director, The University of Texas Health Science
Center at San Antonio, San Antonio, TX. (confirmed)**

5:15

Health Disparities in Other U.S. Populations

Gilbert Friedell, M.D., Director Emeritus, Markey Cancer Center, Lexington, KY. (confirmed)

6:15

Questions and Answers

6:45

Adjourn

Sunday, June 24, 2007

Human Genomics and Health Disparities

7:30 a.m.

Registration & Breakfast

8:00

Genes, Ethnicity and Autoimmunity: A Historical Perspective

John D. Reveille, M.D., Professor & Director, Division of Rheumatology & Clinical Immunogenetics, The University of Texas Health Science Center at Houston, Houston, TX. (confirmed)

9:00

Using Ethnogenetic Layering to Illuminate the Genetics of Health Disparities

Fatimah Jackson, Ph.D., Professor, Department of Anthropology, University of Maryland, College Park, MD. (confirmed)

10:00

15 minute break

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10:15

Race, Genetics, and Health Disparities: Placing Susceptibility Into Context

Rick Kittles, Ph.D., The University of Chicago, Department of Medicine, Chicago, IL. (confirmed)

11:15

TBA

John D. Carpten, Ph.D., Director & Sr. Investigator, Translational Genomics Research Institute (Tgen), Genetic Basis of Human Disease Division, Tempe, AZ. (confirmed)

12:15 p.m.

Questions and Answers

12:45

Lunch

2:00

Genetic Education for Native Americans

Lynne Bemis, Ph.D., Assistant Professor, University of Colorado Health Science Center, Aurora, CO., & Linda Burhansstipanov, M.S.P.H., Dr.P.H., Executive Director, Clinical Trials Education for Native Americans, Pine, Co. (confirmed)

4:30

Questions and Answers

5:00

Reception – Robert C. Hickey Auditorium (Foyer)

Monday, June 25, 2007 - Morning

Health Disparities, Genomics and Ethics

7:30 a.m.

Registration & Breakfast

8:00

TBA

Vence L. Bonham, Jr., J.D., Senior Consultant on Health Disparities, National Human Genome Research Institute, NIH, Bethesda, MA. (confirmed)

8:45

TBA

Sherrill Sellers, Ph.D., Assistant Professor, Social Work Population Health Sciences, University of Wisconsin, Madison, WI. (confirmed)

9:30

15 minute break

9:45

TBA

Adebola Odunlami, M.P.H., Social Science Project Coordinator, Social and Behavioral Research Branch, Division of Intramural Research, National Human Genome Research Institute, NIH,

10:30

TBA

Danielle Frank, M.D., Internal Medicine Physician, University of Washington, Seattle, WA. (confirmed)

11:15

Questions and Answers

12:00 p.m.

Keynote Address – Leonard Syme, Ph.D., Professor Emeritus, Epidemiology and Community Health/Human Development, University of California Berkeley, Berkeley, CA. (confirmed)

1:00

Questions and Answers

Monday, June 25, 2007 – Afternoon
Health Disparities, Genomics and Ethics

1:30

Factors That Influence Disease Management and Outcomes

Ranjita Misra, Ph.D., C.H.E.S., F.M.A.L.R.C., Associate Professor, Texas A&M University, Department of Health and Kinesiology, College Station, TX. (confirmed)

2:15

TBA

Lorna H. McNeill, Ph.D.,M.P.H., Assistant Professor, Health Disparities Research Department, The University of Texas M. D. Anderson Cancer Center, Houston, TX. (confirmed)

3:00

15 Minute Break

3:15

Sustainable Recovery in the Lower Ninth Ward of New Orleans after Hurricane Katrina – A Strategy to Lessen Disparities

Charles E. Allen, III, M.S.P.H., Assistant Director, Tulane University, and John McLachlan Ph.D., Professor & Director, Tulane/Xavier Center for Bioenvironmental Research, Tulane University, New Orleans, LA. (confirmed)

4:15

TBA

Cayla Teal, Ph.D., Assistant Professor, in the Section of Health Services Research, Department of Medicine, Baylor College of Medicine, Houston, TX (confirmed)

5:15

Questions and Answers

5:45

Adjourn

6:30

Tour and Reception – John P. McGovern Museum of Health & Medical Science

Tuesday, June 26, 2007 – Morning
Medical Bioinformatics, Telehealth & Heal Disparities

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7:30 a.m

Registration & Breakfast

8:00

Mitigating Health Disparities Through Synchronous Telehealth Solutions

Thomas J. Kim, M.D., M.P.H., Clinical Instructor, Internal Medicine & Psychiatry, Tulane University Health Sciences Center, New Orleans, LA. (confirmed)

9:15

Patient and Consumer Empowerment Through the Use of Standards-Based Health IT – EMRs, PHRs, and Connected Health

**David C. Kibbie, M.D., M.B.A., Director, Center for Health Information Technology,
American Academy of Family Physicians, Chapel Hill, NC. (confirmed)**

10:30

15 minute break

10:45

Connecting to the Future: The Use of Electronic Health Information Exchange to Reduce Health Disparities

Mark Jones, M.S., M.B.A., Associate Professor, Department of Computer Science & Engineering. (confirmed)

12:00

Questions and Answers

12:30 p.m.

Lunch

Tuesday, June 26, 2007 – Afternoon
Health Disparities & Workforce Issues

1:30

TBA

**Harry Gibbs, M.D., Vice President, Office of Institutional Diversity, The University of Texas
M.D. Anderson Cancer Center, Houston, TX. (confirmed)**

2:30

“Addressing Health Disparities by Increasing the Participation of Underrepresented Minorities in Environmental Health Research”

Marian Johnson-Thompson, Ph.D., Assistant to Deputy Director for Education and Biomedical Research Development, National Institute of Environmental Health Sciences (NIEHS), Research Triangle Park, NC. (confirmed)

3:30

15 minute break

3:45

TBA

Ellene Tratras Contis, Ph.D., Assistant Vice President for Academic Administrative Services, Eastern Michigan University, Ypsilanti, MI. (confirmed)

4:45

Questions and Answers

5:15

Adjourn

Wednesday, June 27, 2007 – Morning
Social Determinants

7:30 a.m.

Registration & Breakfast

8:00

Reducing Disparities by Reducing Barriers in Primary Care
Marilyn Aguirre-Molina, Ph.D., Professor of Population & Family Health, Mailman School of Public Health, Columbia University, New York, NY. (confirmed)

8:45

Disparities in Sustaining Wellness: The Liberty County Study
Billy U. Philips, Jr., M.P.H., Ph.D., Professor, University of Texas Medical Branch at Galveston, PM&CH Epidemiology & Biostatistics, Galveston, TX. (confirmed)

9:45

15 minute break

10:00

TBA
Bill Jenkins, M.S., Ph.D., M.P.H., Associate Director, Morehouse College, The Research Center of Health Disparities, Atlanta, GA. (confirmed)

10:45

Smoking Cessation Among Latinos
David Wetter, Ph.D., Chair, Department of Health Disparities Research, The University of Texas M. D. Anderson Cancer Center, Houston, TX. (confirmed)

11:30

Questions and Answers

12:00 p.m.

Lunch

Wednesday, June 27, 2007 – Afternoon
Health Policy, Health Economics & Health Disparities

1:00

Eliminating Health Care Discrimination: Why Civil Rights Law of 1964 is Antiquated
Vernellia R. Randall, J.D., Professor of Law, University of Dayton School of Law, Dayton, OH. (confirmed)

2:15

Health Disparities and Direct Economic Cost

Jerome Wilson, Ph.D., Sr. Interdisciplinary Scientist/Team Leader, Anthrax Therapeutics, Office of Preparedness and Response, Office of Public Health Emergency Medical Countermeasures, Department of Health and Human Services

3:30

15 minute Break

3:45

Income, Inequality & Health Disparities

Ya-Chen Tina Shih, Ph.D., Associate Professor, The University of Texas M. D. Anderson Cancer Center, Houston, TX. (confirmed)

4:45

Uses of Technology and Distributed Health Care to Level the Playing Field

Clifford Dacso, M.D., M.P.H., Director, Abramson Center for the Future of Health, The Methodist Hospital Research Institute, Distinguished Research Professor, University of Houston, Houston, TX. (confirmed)

5:45

Questions and Answers

6:00

Adjourn

Thursday, June 28, 2007 – Morning

Kellogg Scholars

7:30 a.m.

Registration & Breakfast

8:00

Introductions

Barbara K. Krimgold, Ph.D., Director, Scholar in Health Disparities Program Kellogg Fellows in Health Policy Fellows Program Center for the Advancement of Health, Washington, DC. (confirmed)

8:10

The Political Ecology of CBPR: Core Challenges in Building Equitable and Sustainable Community-Driven Policy Partnerships for the Elimination of Health Disparities

Shawn D. Kimmel, Ph.D., Kellogg Health Scholar, University of Michigan School Public Health, Ann Arbor, MI. (confirmed)

9:00

Where You Live Affects How You Live: Community-based Policies to Improve Local Environments and Promote Health Equity

Rajni Banthia, Ph.D., Kellogg Health Scholar. Health Program Associate, PolicyLink, Oakland, CA. (confirmed)

9:50

Break

10:00

Breast Cancer Mortality Among African Americans and Screening Guidelines Work or US Iraq War Veterans Mental Health Needs

Anita M. Wells, Ph.D., Kellogg Health Scholar, Morgan State University, Baltimore, MD. (confirmed)

10:50

Disparities in Bladder Cancer: Results from SEER-Medicare

Geetanjali Datta, Sc.D., Kellogg Health Scholar. Assistant Professor, Harvard School of Public Health, Baltimore, MD. (confirmed)

11:40

Questions and Answers

12:00 p.m.

Lunch

Keynote Speaker – Access to Health in Texas-Code Red

Ken Shine, M.D., Executive Vice President for Health Affairs, University of Texas System, Austin, TX. (confirmed)

Thursday, June 28, 2007 – Afternoon

Health Communication and Health Disparities

1:30

Health Disparities Research: Creating a Niche in Electronic Publishing and Media

Mark Tomita, Ph.D., R.N., C.H.E.S., Associate Professor, Department of Health & Community Services, Chico, CA. (confirmed)

2:30

Health Literacy Meets Social Justice: Words Count

Cathy D. Meade, Ph.D., R.N., F.A.A.N., Associate Professor, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL. (confirmed)

3:30

15 minute break

3:45

Cultural Tailoring in Health Promotion

Kennith Resnicow, Ph.D., Professor, University of Michigan, School of Public Health, Ann Arbor, MI. (confirmed)

4:45

Internalized Consensus and HIV/AIDS: The Impact of the Media

Lester Spence, Ph.D., Kellogg Health Scholar. Assistant Professor, Political Science Department, Johns Hopkins University, Baltimore, MD. (confirmed)

5:45

Questions and Answers

6:00

Adjourn

Friday, June 29, 2007

Global Disparities & World Economics - The African Model

7:30 a.m.

Registration & Breakfast

8:00 – Session Overview – Robert Robertson, Dr. Ph.

8:15

TBA

Bernard Levin, M.D., Vice President, Cancer Prevention, Department of Cancer Prevention & Population Science, The University of Texas M. D. Anderson Cancer Center, Houston, TX. (confirmed)

9:00

Modeling for Financing Health Care in Developing Countries – the Lesotho Case Study

Roger Groves, J.D., Visiting Professor, Lewis & Clark Law School, Portland, Oregon. (confirmed)

10:00

15 minute break

10:15

TBA

Allen Herbert, J.D.

11:15

TBA

Armin Weinberg, Ph.D., Professor of Medicine & Director, Chronic Disease Research Center, Baylor College of Medicine, Houston, Texas

12:15 p.m.

Panel Discussion

1:00

Closing Presentation & Lunch

2:00 p.m.

Question & Answers

2:30

Adjourn

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THE UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER
Center For Research On Minority Health

6th Annual Disparities in Health in America Workshop:
Celebrating Scholar Entrepreneurs Working Towards
Social Justice

Conference Agenda

JUNE 21 – 27, 2008

Saturday, June 21, 2008 WELCOME AND OPENING

Morning

8:00 a.m.– 1:00 p.m. *Registration*

9:00 a.m. *Welcome & Opening*

Lovell A. Jones, PhD, Director, Center for Research on Minority Health, Department of Health Disparities Research, Founder, Health Disparities, Awareness, Research & Training (HDEART) Consortium, Houston, TX.

Greeting from the National Center for Minority Health & Health Disparities

John Ruffin, Ph.D. – Director, National Center for Minority Health & Health Disparities, National Institute of Health, Bethesda, MD

Greeting from the University of Texas M.D. Anderson Cancer Center & its Division of Cancer Prevention and Populations Sciences

Ernest Hawk, MD, MPH, Vice President and Division Head, Division of Cancer Prevention & Population Sciences, The University of Texas MD Anderson Cancer Center, Houston, TX.

Greeting from the HDEART Consortium and the Introduction of our Special Guest

Kirk A. Calhoun, MD, President, The University of Texas Health Center at Tyler, Tyler, TX.

The Honorable Sheila Jackson Lee, 18th Congressional District, Texas, Houston, TX.

Introduction of Workshop's Keynote Address

10:30 *Can We Do Anything About Health Disparities in America?*

S. Leonard Syme, PhD, Professor of Epidemiology and Community Health (Emeritus), School of Public Health, University of California, Berkeley, CA.

11:30 *Questions and Answers*

11:45 *Workshop Overview*

Lovell A. Jones, PhD, Director, Center for Research on Minority Health, University of Texas M.D. Anderson Cancer Center, Houston, TX.

12:00 p.m. *LUNCH*

Saturday, June 21, 2008 BIOLOGICAL AND CULTURAL FACTORS

Afternoon

12:45 *Triple "A" Positive = African – American – Africa . . . The Beat Goes On . . .*

Selma J. Morris, MD, MEd, Director of the Comprehensive Breast Center at Emory University School of Medicine, Decatur, GA.

- 1:45 ***Sociocultural Impacts on Cancer Control in The U.S. Affiliated Pacific Island Jurisdictions***
Neal Palafox, MD, MPH, Professor and Chair, Department of Family Practice and Community Health, John A. Burns School of Medicine, University of Hawaii, Mililani, HI.
- 2:45 ***15 minute break***
- 3:00 ***Lessons Learned From the Spirit of E.A.G.L.E.S. Community Program Networks Program***
Judith Salmon Kaur, MD, Associate Professor of Oncology, Mayo Clinic College of Medicine, Director, Native American Programs, Rochester, MN.
- 4:00 ***Understanding the Cultural Barriers That Impede Latinas From Clinical Trials***
Venus Ginés, MA, Instructor, Department of Medicine, Chronic Disease Prevention and Control Research Center, Baylor College of Medicine, Houston, TX.
- 5:00 ***Building Capacity for Cancer Control in Appalachia***
Pamela K. Brown, MPA, Associate Director, Mary Babb Randolph Cancer Center, West Virginia University, Morgantown, WV.
- 6:00 ***Panel Discussion***
- 6:30 ***Adjourn***
- Sunday, June 22, 2008 HUMAN GENOMICS AND HEALTH DISPARITIES***
- 7:30 a.m. ***Registration & Breakfast***
- 8:00 ***Genes, Ethnicity and Autoimmunity: A Historical Perspective***
John D. Reveille, MD, Professor & Director, Division of Rheumatology & Clinical Immunogenetics, The University of Texas Health Science Center at Houston, Houston, TX.
- 9:00 ***Using Ethnogenetic Layering to Illuminate the Genetics of Health Disparities***
Fatimah Jackson, PhD, Professor, Department of Anthropology, University of Maryland, College Park, MD.
- 10:00 ***15 minute break***
- 10:15 ***Race, Genetics, and Health Disparities: Placing Susceptibility Into Context***
Rick Kittles, PhD, The University of Chicago, Department of Medicine, Chicago, IL.
- 11:15 ***Partnership in Genomics Research***
Janis F. Hutchinson, PhD, Biological/Medical Anthropologist, Department of Anthropology, University of Houston, Houston, TX.
- 12:15 p.m. ***Questions and Answers***
- 12:45 ***Lunch Speaker – EDICT: Eliminating Disparities In Clinical Trials***
Armin Weinberg, PhD, Director, Center for Research on Chronic Diseases, Baylor College of Medicine, Houston, TX.
- 2:00 ***Gene Objectives MicroRNAs and Native Cultural Issues***
Lynne Bemis, PhD, Assistant Professor, University of Colorado Health Science Center, Aurora, CO., & Linda Burhansstipanov, MSPH, DrPH, CHES, Grants Director, Native American Cancer Research, Pine, CO.

- 4:30 *Questions and Answers*
- 5:00-7:00 *Reception – Robert C. Hickey Auditorium (Foyer)*

Monday, June 23, 2008 HEALTH DISPARITIES AND ETHICS

- Morning

- 7:30 a.m. *Registration & Breakfast*
- 8:00 *Narrowing the Gap Through Attention to Values and Ethics in Public Health Risk Assessment.*
Colin L. Soskolne, PhD, FACE, Department of Public Health Sciences, School of Public Health,
University of Alberta, Edmonton, Alberta, Canada.
- 9:00 *Breast Cancer and Health Disparities*
Vincente Valero, MD, FACE, Professor of Medicine, The University of Texas M. D. Anderson
Cancer Center, Houston, TX.
- 10:00 *How the Private Health Insurance Perpetuates Health Disparities: Do our Presidential
Candidates have a Viable Solution?*
Rebecca B. Lunstroth, JD, MA, Instructor & Assistant Director, The John P. McGovern, The
University of Texas M. D. Anderson Cancer Center, and The Human Spirit University of Texas-
Houston Health Science Center Medical School Houston, TX.
- 11:00 *Panel Discussion – Questions and Answers*
- 12:00 p.m. *Lunch Speaker – TBN, **John McLachlan, PhD**, Professor/Director, Tulane/Xavier Center for
Bioenvironmental Research, Tulane University, New Orleans, LA.*

Monday, June 23, 2008 HEALTH DISPARITIES – SOCIAL DETERMINANTS

- Afternoon

- 1:30 *TBA*
Bill Jenkins, MS, PhD, MPH, Associate Director, Morehouse College, The Research Center of
Health Disparities, Atlanta, GA.
- 2:30 *TBA*
Larry Laufman, EdD, Associate Director for Educational Development, Chronic Disease
Prevention & Control Research Center, Baylor College of Medicine, Houston, TX.
- 3:30 *15 Minute Break*
- 3:45 *Community Model to Eliminate Health Disparities: Triangulation of Theory, Data, and
Practice*
Robert Robinson, DrPH, Associate Director for Health Equity and Senior Science Fellow, Office
on Smoking and Health, CDC (Retired), Atlanta, GA.
- 4:45 *TBA*
Guadalupe Palos, RN, LSMW, DrPH, Assistant Professor, Department of Symptom Research,
The University of Texas M. D. Anderson Cancer Center, Houston, TX.
- 5:45 *Questions and Answers*
- 6:30 *Adjourn*

Tuesday, June 24, 2008 HEALTH DISPARITIES & PATIENT NAVIGATION

- Morning

- 7:30 a.m. **Registration & Breakfast**
- 8:00 ***The Origin and Evolution of Patient Navigation***
Harold P. Freeman, MD, President and Founder of the Ralph Lauren Center for Cancer Care and Prevention, Harlem, NY.
- 9:00 ***Patient Navigation: A Community Based Strategy to Help Reduce Health Disparities***
Rian Rodriguez, MPH, Patient Navigation Institute, Ralph Lauren Center for Cancer Care and Prevention, Harlem, NY.
- 10:00 ***Addressing Health Disparities Through Patient Navigation***
Angelina Esparza, BS, BSN, RN, Director of Survivorship, Information and Quality of Life, American Cancer Society, Inc., Atlanta, GA.
- 11:00 ***Panel Discussion***
- 12:00 ***Lunch Speaker – Dying While Black: Why Civil Rights Act of 1964 is Inadequate for Addressing 21st Century Health Care Discrimination?*** **Vernellia R. Randall, JD**, Professor of Law, University of Dayton School of Law, Dayton, OH.

Tuesday, June 24, 2008 HEALTH DISPARITIES, HEALTH POLICY & WORKFORCE ISSUES

- Afternoon

- 1:30 **TBA**
William Baun, EPD, FAWHP, Manager, Employee Health, The University of Texas M. D. Anderson Cancer Center, Houston, TX.
- 2:30 ***Reducing Health Disparities by Improving the Quality of Primary Care in Low Income Communities***
Robert Otto Valdez, PhD, Executive Director, The RWJF Center for Health Policy, Associate Director, Office of Community Health, UNM Health Science Center, Professor, Family & Community Medicine and Economics, University of New Mexico, Albuquerque, NM.
- 3:30 ***15 minute break***
- 3:45 ***The Missing Link in Health Reform***
Kenneth Thorpe, PhD, Woodruff Professor & Chair Health Policy & Management, Emory University School of Public Health, Atlanta, GA.
- 4:45 ***Leveraging the Future for Health Equity: Insights from the DRA Project***
Clement Bezold, PhD, Chairman of the Board and Founder of the Institute for Alternative Futures, Alexandria, VA.
- 5:45 ***Questions and Answers***
- 6:30 ***Adjourn***

Wednesday, June 25, 2008 KELLOGG SCHOLARS

- Morning

7:30 a.m. **Registration & Breakfast**

8:00 **Introductions**

Barbara K. Krimgold, PhD, Director, Scholar in Health Disparities Program Kellogg Fellows in Health Policy Fellows Program Center for the Advancement of Health, Washington, DC.

8:15 **Effective Management of Chronic Disease Despite Access and Income Barriers**

Gina L. Evans, PhD, Kellogg Health Scholar, Center for Research on Minority Health, Department of Health Disparities Research, The University of Texas M. D. Anderson Cancer Center, Houston, TX.

9:15 **Physical and Social Environmental Mediators of Health Status in the Fresno, TX Community**

Denae King, PhD, Research Scientist, Center for Research on Minority Health, Department of Health Disparities Research, The University of Texas M. D. Anderson Cancer Center, Houston, TX.

10:15 **15 minute break**

10:30 **Do You Know What Pesticides Are? A Bio-cultural Model of Migrant Farmworker Health Disparities**

Amy Snipes, PhD, Kellogg Health Scholar. Center for Research on Minority Health, Department of Health Disparities Research, The University of Texas M. D. Anderson Cancer Center, Houston, TX.

11:30 **Questions and Answers**

12:00 p.m. **Lunch Speaker – TBA, Vence L. Bonham, Jr., JD**, Senior Consultant on Health Disparities, National Human Genome Research Institute, NIH, Bethesda, MD.

Wednesday, June 25, 2008 KELLOGG SCHOLARS

- Afternoon

1:30 **Diversifying The Workforce And Increasing Cultural Competency Among Health Care Workers**

Ilana S. Mittman, PhD, MS, CGC, Workforce Diversity Director, Maryland Department of Health & Mental Hygiene, Office of Minority Health & Health Disparities/Instructor, University of Maryland, Baltimore, MD.

2:30 **Culture Clash: The Medical Encounter as a Source of Health Disparities**

Cayla Teal, PhD, Assistant Professor, Section of Health Services Research, Department of Medicine, Baylor College of Medicine, and Health Decision-Making and Communication Program, Houston Center for Quality Care and Utilization Studies, Michael E. DeBakey VA Medical Center, Houston, TX.

3:30 **15 minute break**

3:45 **A Sociocultural Approach to Understanding Racial Disparities in Late-Life Physical Function**

Mindi Spencer, PhD, Kellogg Health Scholar, Health Program Associate.

4:45 ***Latino Aging and Health Disparities***
Angelica Herrera, DrPH, Kellogg Health Scholar. Center for Research on Minority Health, Department of Health Disparities Research, The University of Texas M. D. Anderson Cancer Center, Houston, TX.

5:45 ***Questions and Answers***

6:15 ***Adjourn (Buses to the Marriott Medical Center)***

7:00-9:00 ***Abstract/Poster Presentation @ Marriott Medical Center - Reception***

Thursday, June 26, 2008 - KELLOGG SCHOLARS

Morning

7:30 ***Registration***

8:00 ***Introductions***

Barbara K. Krimgold, PhD, Director, Scholar in Health Disparities Program Kellogg Fellows in Health Policy Fellows Program Center for the Advancement of Health, Washington, DC.

8:10 ***The Relationship between Nativity Status, Satisfaction with and Confidence in Health Care: Results from the Commonwealth Fund 2001 Survey on Disparities in Quality of Health Care***
Flora Dallo, PhD, Assistant Professor, School of Public Health, University of Texas, Dallas, TX.

9:10 ***Racial Discrimination, Identity, and Cardiovascular Health Among African American Men***
David H. Chae, PhD, Kellogg Fellows Program Alumnus & RWJF Scholar.

10:10 ***15 minute break***

10:25 ***Linking Community-based Research and Policy: Age at First Mammogram Among African American Women in a Clinical-based Study***
Anita M. Wells, PhD, Kellogg Health Scholars Program, School of Community Health & Policy, Morgan State University, Baltimore, MD.

11:25 ***Questions and Answers***

12:00 ***Lunch Speaker – TBA, Joan Y. Reede, MD, MPH, MS***, Associate Professor of Medicine, Dean for Diversity and Community Partnership, Harvard Medical School, Boston, MA.

Thursday, June 26, 2008 - HEALTH COMMUNICATIONS & HEALTH DISPARITIES

Afternoon

1:30 ***Health Literacy Meets Social Justice: Words Do Count***

Cathy D. Meade, PhD, RN, FAAN, Associate Professor, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL.

2:30 ***Reducing Disparities by Reducing Barriers in Primary Care***

Marilyn Aguirre-Molina, PhD, Professor of Population & Family Health, Mailman School of Public Health, Columbia University, New York, NY.

3:30 ***15 minute break***

- 3:45 ***Operationalizing Culture, Race and Ethnicity***
Marjorie Kagawa-Singer, PhD, MA, MN, RN, Professor, UCLA School of Public Health and Asian American Studies Department, University of California-Los Angeles, Los Angeles, CA.
- 4:45 ***Cultural Tailoring in Health Promotion***
Kenneth Resnicow, PhD, Professor, University of Michigan, School of Public Health, Ann Arbor, MI.
- 5:45 ***Panel Discussion***
- 6:15 ***Adjourn***

Friday, June 27, 2008 TELEHEALTH, TELECOMMUNICATION AND HEALTH DISPARITIES

- 7:30 a.m. ***Registration & Breakfast***
- 8:00 ***TBA***
Alexandra (Lexi) B. Nolen, PhD, MPH, Director of Health Policy and Planning, Center to Eliminate Health Disparities, The University of Texas Medical Branch, Galveston, TX.
- 9:00 ***TBA***
Aranthan S. Jones II, Policy Director, Office of the Majority Whip, The Honorable Jim Clyburn (SC-06), U.S. Capitol--H226, US Congress, Washington, D.C. 20515
- 10:00 ***15 minute break***
- 10:15 ***A Live Demonstration: Using Interoperable Electronic Health Systems to Improve Healthcare for the Underserved***
Mark Jones, MS, MBA, Principal Investigator, AHRQ Grant-Improving Healthcare Through Health Information Technology, Secure Medical Records Transfer Network (SMRTNET), Tehlequah, OK.
- 11:15 ***Panel Discussion***
- 12:00 p.m. ***GRAND ROUNDS - SPEAKER***
TBA
Shiriki Kumanyika, PhD, MPH, Professor of Epidemiology, Department of Biostatistics & Epidemiology, School of Medicine, University of Pennsylvania, Philadelphia, PA.
- 1:00 ***Closing Remarks***
- 2:30 ***Adjourn***

 ***Out-of-town speakers***
Local Speakers

APPENDIX VI.

NMCAW LUNCHEONS 2007 AND 2008

Center for Research on Minority Health

The University of Texas M. D. Anderson Cancer Center

Division of Cancer Prevention & Population Sciences

Department of Health Disparities Research

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Cover Page

**Bridging The Gap:
Science that Benefits Community
Health Disparities: It's time to deliver**

**20th Annual National Minority Cancer Awareness
Week and Biennial Symposium Series on
“Minorities, the Medically Underserved & Cancer”**

Keynote Speakers;

**Former Surgeons General
M. Joycelyn Elders, MD
&
Dr. David L. Satcher, MD PhD**

**April 17, 2007
Intercontinental Hotel
Houston, TX**



Inside Cover

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History®

As most cancers in adults require many years to develop, the probability of being diagnosed with cancer increases with age. The average age at diagnosis of cancer in Hispanics is 62 years.

The Centers for Medicare & Medicaid Services, in collaboration with The University of Texas M. D. Anderson Cancer Center, is working to improve the use of cancer prevention services, early detection and treatment among Hispanics in Harris County.

What is involved?

We will ask you to answer questions about cancer screenings and your personal cancer history.

Your participation will help us understand your health care needs and those of your community. You also will receive educational material on recommended cancer screening guidelines.

To participate in FAROS you must:

- o Be Hispanic
- o Have Medicare A & B
- o Be 40 years of age or older
- o Live in Harris County

For more information about FAROS:
(713)-563-6288
faros@mdanderson.org

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RECOGNITION CEREMONY

Presented by Center for Research on Minority Health Staff

Lunch

INTRODUCTION OF KEYNOTE SPEAKERS

Lovell Jones, PhD

*Director, Center for Research on Minority Health, Department of Health Disparities Research
The University of Texas M. D. Anderson Cancer Center*

KEYNOTE SPEAKERS

Joycelyn Elders, MD

Former Surgeon General (1993-1994)

Davd L. Satcher, MD

Former Surgeon General (1998-2002)

Questions & Answers

(note cards available at your table)

CLOSING REMARKS

Dr. Lovell Jones, PhD

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Making Cancer History®

Cancer affects everyone, regardless of race, creed, color, income, education, or occupation. Although the disease is considered a great equalizer, cancer diagnosis and treatment have not been equally available to everyone. In 1986, Dr. Lovell Jones asked California Representative Mervyn Dymally and the late Texas Senator Lloyd Bentsen for their help in drawing attention to the disparate impact that cancer has on ethnic minorities and the economically disadvantaged. As a result of their efforts, on April 8, 1987, the U. S. House of Representatives passed Joint Resolution 119, designating the third week in April as “National Minority Cancer Awareness Week.” The American Medical Association and the American Cancer Society both endorsed the resolution as a means of drawing attention to the health problems of minorities and the poor.

"Health disparities" -- the recognition that despite medical advancements, some parts of our population fare worse than others -- is an ongoing concern. Twenty years since the first National Minority Cancer Awareness Week, our changing demographics place America at a crossroad in determining the future health of all its citizens. Fortunately, we have seen an increase in the number of physicians, nurses, researchers and other health care professionals who are dedicated to finding new ways to prevent and treat cancer in high-risk populations. But there is a continual need for interaction between science and community if we are to ensure equal access to advances in cancer prevention and treatment. Today we recognize several individuals whose work reflects a creative and multidisciplinary approach that benefits not just Houstonians but the nation as a whole.

It is truly an honor to have Doctors Joycelyn Elders and David Satcher here for this 20th Anniversary of National Minority Cancer Awareness Week. Dr. Elders was the first African American to serve as this nation's Surgeon General, supporting President Clinton's health care reform efforts and universal health coverage. Dr. Satcher is only the second person in U.S. history to have held the positions of Surgeon General and Assistant Secretary of Health simultaneously. They have been instrumental in raising this nation's awareness of health disparities among minorities and medically underserved populations, and their groundbreaking careers and public service have been an inspiration to all who seek to eliminate such disparities. The local scientists that we recognize today have also made significant strides in addressing the health needs of our communities, and we thank them for their contributions.



Lovell A. Jones, Ph.D.

Director, Center for Research on Minority Health (CRMH)

Center of Excellence in Partnerships for Community Outreach and Research on Disparities in Health and Training (EXPORT)

Health Disparities Education, Awareness, Research & Training (HDEART) Consortium

Professor, Department of Health Disparities Research





**M. Joycelyn Elders, M.D.
Former U. S. Surgeon General
(1993-1994)**

A native of Schaal, AR, Dr. Elders is the oldest of eight children. Now a professor emeritus of pediatric endocrinology, at the University of Arkansas School of Medical Science. Dr. Elders never saw a physician prior to her first year in college. At the age of 15 she received a scholarship from the United Methodist Church to attend Philander Smith College in Little Rock, AR. Upon graduation at age 18, she entered the U.S. Army as a first Lieutenant and received training as a physical therapist.

Dr. Elders attended the University of Arkansas Medical School (UAMS) on the G.I. Bill. After graduation in 1960, she was an intern at the University of Minnesota Hospital in Minneapolis and did a pediatric residency and an endocrinology fellowship at the University of Arkansas Medical Center in Little Rock and she ascended the academic ladder to full professorship after her fellowship and board certification in 1976. She also holds a Master of Science degree in biochemistry.

Dr. Elders joined the faculty at UAMS as a professor of pediatrics and received board certification as a pediatric endocrinologist in 1978. Based on her studies of growth in children and the treatment of hormone-related illnesses, she has written many articles for medical research publications. She was appointed Director of the Arkansas Department of Health in October of 1987. While serving as director, she was elected President of the Association of State and Territorial Health Officers.

Dr. Elders was nominated as Surgeon General of the U.S. Public Health Service by President Clinton on July 1, 1993, confirmed by the Senate September 7, and sworn in on September 8. Dr. Elders served in this post until January 1995 following which, she returned to teaching until her retirement on June 30, 1998.

Dr. Elders has been active in civic affairs as a member of the Little Rock Chamber of Commerce, Northside YMCA and Youth Homes. She was listed in “100 Outstanding Women in Arkansas”, “Personalities of the South” and “Distinguished Women in America”. She has won awards such as the Arkansas Democrat’s Woman of the Year, the National Governor’s Association Distinguished Service Award, the American Medical Association’s Dr. Nathan Davis Award, the De Lee Humanitarian Award, and the National Coalition of 100 Black Women’s Candace Award for Health Science. Dr. Elders has also received multiple honorary doctorate of medical sciences degrees and honorary doctorate of letters degrees.



**David Satcher, M.D., Ph.D.
Former U. S. Surgeon General
(1998-2002)**

Dr. David Satcher completed his four-year term as the 16th Surgeon General of the United States in February 2002. He also served as Assistant Secretary for Health in the Department of Health and Human Services from February 1998 to January 2001, making him only the second person in history to have held both positions of Surgeon General and Assistant Secretary for Health simultaneously.

Dr. Satcher is Director of the Center of Excellence on Health Disparities at the Morehouse School of Medicine (MSM) in Atlanta, Georgia. He occupies the Poussaint-Satcher-Cosby Chair in Mental Health at MSM. From December 2004 to July 2006, Dr. Satcher served as the President of the Morehouse School of Medicine. In January 2002, Dr. Satcher was named the Director of the new National Center for Primary Care at MSM. Before assuming this post in September 2002, he served as a Senior Visiting Fellow with the Kaiser Family Foundation, where he spent time reflecting and writing about his experiences in government and consulting on public health programs.

From 1993 to 1998, Dr. Satcher served as Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry. Dr. Satcher served as President of Meharry Medical College in Nashville, Tennessee from 1982 to 1993.

As Surgeon General and Assistant Secretary for Health, Dr. Satcher led the department’s effort to eliminate racial and ethnic disparities in health, an initiative that was incorporated as one of the two major goals of Healthy People 2010, the nation’s health agenda for the next ten years.



Thelma C. Hurd, M.D., FACS

Dr. Hurd is a Surgical Oncologist, Associate Professor of Surgery and Director of the Breast Surgery Program for the University of Texas Health Science Center at San Antonio in San Antonio, Texas. Dr. Hurd completed her residency training at the University of Medicine and Dentistry of New Jersey and her clinical and research oncology fellowship training at the Ohio State University in Columbus, Ohio, and the University of Texas MD Anderson Cancer respectively.

Her primary research has focused on health disparities in underserved populations, and markers of breast cancer progression. Dr. Hurd founded and served as the Executive Director of the Witness Project of Buffalo (Buffalo, NY), the Witness Project of Niagara (Niagara Falls NY) and the Fruitbelt Community Witness Project (Buffalo NY) during her eight year tenure at Roswell Park Cancer Institute. She founded and currently serves as the Director of Esperanza y Vida, a novel breast and cervical cancer education and screening program for Hispanic women and men in south Texas. In collaboration with the Center for Research in Minority Health she is developing similar community based programs in Africa. Her basic science research has involved investigations of HER2-neu and urinary plasminogen activator in breast cancer and her work has been published in peer review medical journals.

She has received recognition for outstanding contributions to healthcare and community outreach in Western New York that include Uncrowned Queens, Achiever Award (Roswell Park Cancer Institute), Christian Board of Education, Alpha Kappa Alpha, and a New York State Congressional Citation. She is a five time recipient of the Best of Doctors in America designation.



Ranjita Misra, Ph.D., CHES, FMALRC

Dr. Misra is an Associate Professor in the Department of Health and Kinesiology at Texas A&M University. Dr. Misra has a background in nutrition and terminal degree in Public Health Services. A member of the Center for the Study of Health Disparities and Intercollegiate Faculty of Nutrition, Dr. Misra is the PI of a multi-center national study examining prevalence and risk factors for diabetes and CVD risk factors among Asian Indians in the US with a cross-cultural comparison of rural and urban Indians in India (called the Diabetes among Indian Americans (DIA Study). She is also the PI of several diabetes and nutrition intervention projects in India. Her focus on the Mexican American and African American population is clinical and non-clinical determinants of metabolic syndrome with a long-term goal to enhance theoretical and community-based intervention models on health promotion and disease prevention among the minorities for reducing health disparities. She has received numerous internal and external grants for national/cross-cultural studies to examine health behaviors and risk factors for chronic diseases (diabetes, cancer, and cardiovascular disease) among African Americans, South Asians, and Mexican Americans in the US, India and Mexico. As a well known academic with both local and international exposure Dr. Misra is the author of many research articles in referred journals and has guided both masters and doctoral students for research projects. In recognition of her outstanding research activities, she received the Armstrong Scholar and Research Award from the Department of Health and Kinesiology at Texas A&M University.

She serves as the Co-Chair of the Executive Board of Directors of the South Asian Public Health Association (SAPHA), a non-profit organization dedicated to improving the health and well-being of South Asians nationally and globally through increased research, culturally-competent and community-based outreach, education, and programs and interventions, as well as advocacy. Under her leadership, SAPHA won the Organizational Award from the Center for the Study of Asian American Health, New York University School of Medicine.

In recognition of her outstanding teaching and services to the academic community she has received the Montague Scholar Award for teaching excellence from Texas A&M University, the Distinguished Service Award from the American School Health Association, and the Distinguished Service Award from the National Health Science Honor society of Eta Sigma Gamma.



Guadalupe Palos, RN, LMSW, DrPH

Dr. Palos is an Assistant Professor in the Department of Symptom Research in the Division of Internal Medicine at The University of Texas M D Anderson Cancer Center. In addition to being a behavioral scientist in symptom management, she is licensed, in Texas, as a masters-prepared social worker and as a registered nurse. Dr. Palos received her nursing degree at San Jacinto Junior College in Pasadena, Texas; a Bachelor's of Science in Psychology and a Master's in Social Work at the University of Houston – Central Campus, Houston, Texas. Her studies leading to a Doctorate in Public Health were conducted at The University of Texas School of Public Health in Houston, Texas.



Dr. Palos is the Principal Investigator of a 5-year research award (K07 CA102482-01A2) titled “Effects of Cancer Symptom on Minority Caregiver”, which is funded by the National Cancer Institute (NCI) of the National Institutes of Health to examine the effects of underserved cancer patients’ symptoms on the physical and psychological health of minority and non-minority caregivers. Her research interests include health disparities across the cancer continuum, cross-cultural research, palliative care (decision-making and communication), integration of longitudinal analysis into survivorship research, and cancer survivorship issues as they related to both the patient (e.g. symptom clusters of severity and interference) and their family caregiver (caregiver burden and effect of symptoms on immune function).

Dr. Palos was selected as a NCI’s Fellow for the *Minority Investigators 2007 Workshop on Behavioral Methodologies*, sponsored by the Office of Behavioral and Social Branch and Kellogg Health Scholars Program)Cancer. She was selected as a Fellow for the NCI’s *Culture and Literacy Institute, Moffitt Cancer Center*. As part of her post-graduate work, she participated in the collaborative workshop, *Integrating Cost Effectiveness Analysis in Research* between John Hopkins University, the National Institute for Nursing Research, and the National Institute of Health Agency for Healthcare Research and Quality. She recently completed a fellowship at the Institute for Duke Institute for Care at the End-of-Life at Duke University. Her publications on cancer prevention, cultural competency, and cancer pain management have appeared in journals such as the *Journal of the National Cancer Institute*, *Journal of Pain*, *Clinical Journal of Oncology Nursing*, and *Journal of Pain and Symptom Management*. Dr. Palos has served on the Centers for Disease Control Breast and Cervical Cancer Early Detection and Control Advisory Committee (1999-2004). She also collaborates with the World Health Organization for Supportive Cancer Care and the Pan American Association to develop palliative care curriculum and continuing education courses for health care professionals, including those from Latin America.



Miya Shay
Reporter, KTRK Channel 13

Miya Shay joined the Eyewitness News Team in December of 2002 as a General Assignment Reporter.

Before coming to Houston, her job history included working as a reporter for WOOD-TV in Grand Rapids, Michigan, where it snows from November to April. Miya says the warmer climate is a welcome change from standing in knee-deep snow! She's also worked at KAKE-TV in Wichita, Kansas, WAAY-TV in Huntsville, Alabama, and WOKR-TV in Rochester, New York.

During her journalism career, Miya has traveled plenty, including covering stories in New York, Washington, D.C. and even filing stories from Germany in 2001. Along the way, she's garnered a few awards. They range from awards for medical reporting in Alabama, to coverage of the hard news events from the Associated Press in Michigan.

Although originally from Beijing, China, Miya is a high school graduate of the Oklahoma School of Science and Math and a Cum Laude graduate of Syracuse University. She is fluent in Chinese and an active member of the Asian American Journalist Association.

Away from her day job, Miya's interests include theater, dance, and getting involved with the local Chinese community. She loves to travel and explore the world whenever she can, and the rest of the time, try to keep the fish in her aquarium alive and swimming!

Save the Date!

June 21-27, 2008

6th Annual Disparities in Health in America Workshop
Celebrating Scholar Entrepreneurs Working Toward Social Justice



- Learn about the latest findings on social, behavioral and medical determinants of health
- Understand contributing factors of health disparities among certain populations
- Identify the roles of various health professionals in eliminating disparities

For more information, please call 713-563-4005.

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NATIONAL MINORITY CANCER AWARENESS WEEK 7TH ANNUAL SYMPOSIUM

Bridging the Gap: Science that Benefits Community



Tuesday, April 22, 2008

NATIONAL MINORITY CANCER AWARENESS WEEK
7TH ANNUAL SYMPOSIUM

Since 1987, National Minority Cancer Awareness Week (NMCAW) promotes increased awareness of prevention and treatment among those segments of the population at greater risk of developing cancer. The week's emphasis gives physicians, nurses, health care professionals and researchers an opportunity to focus on high-risk populations and develop creative approaches to battling cancer problems unique to these communities. The American Medical Association and the American Cancer Society both endorsed NMCAW as a means of drawing attention to the cancer disparities among minorities and the poor.

KEYNOTE SPEAKER



Eduardo J. Sanchez, M.D., M.P.H., is the former commissioner of the Texas Department of State Health Services. As Texas' chief health officer, Sanchez led an agency of more than 11,500 employees and managed an annual budget of \$2.3 billion. He is a nationally recognized authority in public health and an accomplished leader in the field. Sanchez currently serves as professor in the Division of Management, Policy and Community Health and is the director of the Institute of Health Policy at The University of Texas School of Public Health in Houston.



FAROS is a project designed to help improve cancer prevention and treatment for Hispanics on Medicare. This program is open to Hispanics who are:

- Eligible for or enrolled in Medicare A & B
- Not enrolled in an HMO
- Living within the greater Houston area

Benefits for participation include a \$25 H-E-B gift card, free counseling on cancer resources, and instruction on how to take advantage of fully or partially Medicare-covered cancer screening services to help detect cancer early.

Please call 713-563-6288 or send an email to faros@mdanderson.org to learn more.

The Sister Study, a national trial, will determine if environment and genes affect a woman's chances of getting breast cancer.

This study is open to women who:

- Are between ages 35 and 74
- Have never had breast cancer
- Have a sister (living or deceased) diagnosed with breast cancer
- Live in the United States or Puerto Rico



For more information about the Sister Study, please call 1-877-4SISTER (474-7837) and reference the Center for Research on Minority Health at The University of Texas M. D. Anderson Cancer Center.

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as of April 18, 2008

Invocation

Rev. Fr. Miguel Solorzano

Catholic Archdiocese of Galveston-Houston

Welcome

David Wetter, Ph.D.

Chair, Department of Health Disparities Research
The University of Texas M. D. Anderson Cancer Center

Proclamation

Entertainment

Ballet Folklorico

Award Presentation Ceremony

Presented by CRMH Staff

Introduction of Guest Speaker

Lovell A. Jones, Ph.D.

Director, Center for Research on Minority Health
Department of Health Disparities Research
The University of Texas M. D. Anderson Cancer Center

Keynote Speaker

Eduardo J. Sanchez, M.D., M.P.H.

Director of the Institute for Health Policy
The University of Texas Health Science Center-Houston, School of Public Health

Entertainment

Ballet Folklorico

Closing Remarks

Lovell A. Jones, Ph.D.

Honorees



Furjen Deng, Ph.D., professor and associate chair of sociology at Sam Houston State University, is an active volunteer in Houston's Chinese American community. A cancer survivor herself, Deng understands that no one should face the burden of cancer alone.

Since 2004, she has been a tireless cancer prevention advocate and a passionate volunteer with the Light & Salt Association Cancer Support Network, the Chinese Breast Cancer Support Group, American Cancer Society's Asian Cancer Council, Global Chinese Breast Cancer Support Group Alliance, and other national cancer organizations. In addition to coordinating caregiver workshops, organizing educational seminars on cancer and clinical trials, and translating cancer education materials into Chinese, Deng personally visits cancer patients in the Houston area. Her contributions to cancer education, social services and survivorship have inspired patients and volunteers alike, and helped improve the quality of life and survivorship for cancer patients.



Lois Ramondetta, M.D., associate professor of gynecologic oncology at The University of Texas M. D. Anderson Cancer Center, is a physician at Lyndon B. Johnson General Hospital. Ramondetta brings courage and a high level of energy to her role as an advocate

for excellence in patient care and improving health care delivery systems. Her leadership skills and compassion have earned the trust of patients and community leaders as well as faculty and staff of the health care institutions who serve her community. Ramondetta is an exemplary leader, innovator, researcher, teacher and healer who relentlessly champions for health needs of women, minorities and the medically underserved.



The Harris County Hospital District (HCHD) Breast Health Mammography Program (BHMP) began in 1996 under the leadership of Loretta Hanser in response to the high numbers of women in the HCHD with advanced breast cancer. A component of HCHD's radiology department, the BHMP serves residents of Harris County, the third most populous county in the nation. Of the more than 280,000 individuals served annually by HCHD, over 80 percent are minorities and more than half are uninsured. Supplemental funding from private foundations and collaborations with community partners has resulted in the expansion of digital mammography systems in the hospitals and screening services in the community, and significantly improved access for medically underserved residents. The HCHD Breast Health Mammography Program has made a significant difference in the health and well being of women in Harris County.

APPENDIX VII.

CRMH PEER-REVIEWED PUBLICATIONS

CRMH Peer-Reviewed Publications 2007 - 2008

National Reports

1. National Commission on Prevention Priorities. Preventive Care: A National Profile on Use, Disparities, and Health Benefits. Partnership for Prevention, August 2007. **Dr. Lovell A. Jones** was a member of the National Commission on Prevention Priorities that issued the report.

Book Chapters

1. Reyes-Gibb, CC, **Torres-Vigil, I**, Croock, R. (2007). Epidemiology of Pain: Classical and Molecular Approaches. In: Rice, A. (ED). Clinical Pain Management 2nd Edition: Chronic Pain volume. London: A Hodder Arnold Publication. (IN PRESS).

Manuscripts in Peer Reviewed Journals

2007

1. Baham, DL, **Gor, BJ**, Teal, CR, **Jones, LA**. Is the MEDFICTS rapid dietary fat screener valid for pre-menopausal African-American women? Journal of the American Dietetic Association, 2007;107: 773-781.
2. Bárcenas CH, Wilkinson AV, Strom SS, Cao Y, Saunders KC, Mahabir S, **Hernández-Valero MA**, Forman MR, Spitz MR & Bondy ML. Birthplace, Years of residence in the United States and obesity among Mexican American adults. Obesity 15:1049-1052, 2007.
3. Davis DL, Webster P, Stainthorpe H, **Chilton J, Jones L**, Doi R. Declines in sex ratio at birth and fetal deaths in Japan, and in U.S. whites but not African Americans. Environ Health Perspect. 2007 Jun;115(6):941-6. Epub 2007 Apr 9.
4. **Gor, BJ, Hoang, TV**, Yi, JK, Esparza, A, **Hernandez, M, Jones, LA**. Cancer Screening Practices among Chinese and Vietnamese in the Greater Houston area. Californian Journal of Health Promotion 2007, Vol 5, Special Issue (Hlth Disparities & Soc Justice), 105-112.
5. **Hernández-Valero MA**, Thomson, **Hernández M, Tran T, Hajek RA**, Theriault RL, Pierce JP, Flatt SW, Caan B, & **Jones LA**. Dietary Comparison of baseline dietary intake of Hispanic and matched non-Hispanic white breast cancer survivors enrolled in the Women's Healthy Eating and living (WHEL) study. J Am Diet Assoc, 2007
6. Hong, S, Bardwell WA, Natarajan L, Flatt SW, Rock CL, Newman VA, Madlensky L, Mills PJ, Dimsdale JE, Thomson CA, **Hajek RA, Chilton JA**, Pierce JP. Correlates of physical activity level in breast cancer survivors participating in the Women's Healthy Eating and Living (WHEL) Study. Breast Cancer Research and Treatment 101:225-232, 2007.

7. **Hernández-Valero MA**, Wilkinson AV, Forman CJ, Cao Y, Bárcena CH, Strom SS, Spitz MR & Bondy ML. Maternal BMI and country of birth as indicators of childhood obesity in children of Mexican origin. *Obesity* 5:2512-2519, 10/2007
8. **Hernández-Valero MA, Herrera AP**, Zahm SH and **Jones LA**. Community-Based Participatory Research and Gene-Environment Interaction Methodologies Addressing Environmental Justice among Migrant and Seasonal Farmworker Women and Children in Texas: "From Mother to Child Project." *Californian J Health Promotion* 5:114-127, 2007.
9. Ishiyama S, Matsueda S, **Jones LA**, Efferson C, Celestino J, Schmandt R, Ioannides CG, Tsuda N, Chang DZ. Novel natural immunogenic peptides from Numb1 and Notch1 proteins for CD8+ cells in ovarian ascites. *Int J Oncol* 30:889-98, 4/2007
10. **King, D.W., Chukelu, P.C.**, Freelon, B.N., **Lewis, A.J., and Jones, L.A.** Residential Perceptions of Environmental Exposures and Associated Health Effects in the Fresno, Texas, Community. *California Journal of Health Promotion*, 5, Special Issue (Health Disparities and Social Justice): 48-57, 2007.
11. **King, DW, Torres-Vigil, I, Herrera, AP, Hajek, RA, Jones, LA** (2007). Working Toward Social Justice: Center for Research on Minority Health Summer Workshop on Health Disparities. *California Journal of Health Promotion*. Volume 5, Special Issue (Hlth Disparities & Soc Justice), 1-8.
12. **Snipes SA**, Thompson B, O'Connor K, Godina R, Ibarra G (2007). "An Anthropological and Psychological Merge: Design of a Stress Measure for Mexican Immigrant Farmworkers" *Culture, Medicine and Psychiatry* 31:3:359-388.
13. Pierce JP, Natarajan L, Caan BJ, Parker BA, Greenberg ER, Flatt SW, Rock CL, Kealey S, Al-Delaimy WK, Bardwell WA, Carlson RW, Emond JA, Faerber S, Gold EB, **Hajek RA**, Hollenbach K, **Jones LA**, Karanja N, Madlensky L, Marshall J, Newman VA, Ritenbaugh C, Thomson CA, Wasserman L, Stefanick ML. Influence of a diet very high in vegetables, fruit, and fiber and low in fat on prognosis following treatment for breast cancer: the Women's Healthy Eating and Living (WHEL) randomized trial. *Journal of the American Medical Association* 298:289-298, 7/2007
14. Pierce JP, Newman VA, Natarajan L, Flatt SW, Al-Delaimy WK, Caan BJ, Edmond JA, Faerber S, Gold EB, **Hajek RA**, Hollenbach K, **Jones LA**, Karanja N, Kealey S, Madlensky L, Marshall J, Ritenbaugh C, Rock CL, Stefanick ML, Thomson C, Wasserman L, Parker BA. Telephone counseling helps maintain long-term adherence to a high-vegetable dietary pattern. *Journal of Nutrition* 137:2291-2296, 10/2007
15. Pierce J, Stefanick M, Flatt S, Natarajan L, Sternfeld B, Madlensky L, Al-Delaimy, Thomson C, Kealey S, **Hajek R**, Parker B, Newman V, Caan B, Rock C. Greater survival after breast cancer in physically active women with high vegetable-fruit intake regardless of obesity. *Journal of Clinical Oncology*, 25:2345-2351, 2007.

16. Pierce J, Newman V, Natarajan L, Flatt SW, Al-Delaimy WK, Caan B, Emond J, Faerber S, Gold E, **Hajek RA**, Hollenbach K, **Jones LA**, Karanji N, Kealey S, Madlensky L, Marshall J, Ritenbaugh C, Rock CL, Stefanick ML, Thomson C, Wasserman L, Parker B. Telephone counseling helps maintain long-term adherence to a high-vegetable dietary pattern. *Journal of Nutrition*, 137:2291-2296, 2007.
17. Rodríguez-Guillén MR, Torres-Sánchez L, Chen J, Galván-Potrillo M, Silva-Zolezzi I, Blanco-Muñoz J, **Hernández-Valero MA**, López-Carrillo L. Consumption of B vitamins, maternal MTHFR polymorphisms, and risk for spontaneous abortion in a perinatal cohort of Mexican women. *Salud Pública de México*, 2007
18. **Schettino MR, Hernandez-Valero MA, Moguel R, Hajek RA, Jones LA.** Assessing breast cancer knowledge, beliefs, and misconceptions among Latinas in Houston, Texas. *J Cancer Educ* 21:S42-6, 2007.
19. Teal CR, Baham DL, **Gor BJ, Jones LA.** Is the MEDFICTS rapid dietary fat screener valid for premenopausal African-American women? *J Am Diet Assoc.* 2007 May;107(5):773-81.
20. Thomson CA, Rock CL, Caan BJ, Flatt SW, Al-Delaimy WA, Newman VA, **Hajek RA, Chilton J**, Pierce JP. Increase in cruciferous vegetable intake in women previously treated for breast cancer participating in a dietary intervention trial. *Nutrition and Cancer*, 57:11-9, 2007.
21. **Torres-Vigil I**, Aday LA, De Lima L, Cleeland CS (2007). What Predicts the Quality of Advanced Cancer Care in Latin America? A Look at Five Countries: Argentina, Brazil, Cuba, Mexico, and Peru. *J Pain Symptom Manage.* Sep;34(3):315-27. Epub 2007 Jul 5.
22. Ying Guo, **LeDay-Jacobs C**, Palmer JL, Bruera E. Psychosocial assessment of patients who have undergone inpatient cancer rehabilitation. *Am J Hosp Palliat Care.* 2007 Jun-Jul;24(3):196-201. <http://ajh.sagepub.com/cgi/reprint/24/3/196>

2008

23. Chilton JA, Wong-Kim EC, Guidry JJ, Gor BJ, Jones LA. The utility of a connecting framework to facilitate understanding of and reduce the disparities in hospice care experienced by racial and ethnic minorities. *Primary Psychiatry* 2008. (In Press)
24. Crist, J.D., Kim, S-S., **Herrera, A.P.**, and Hepworth, J.T. (2008). Caregiving Burden and Mexican American Elders' Use of Home Care Services. (Under Review).
25. Decker, SA, **Torres-Vigil, I.** Pain Assessment in Older Adults with Dementia. *Journal of Clinical Outcomes Management* (IN PRESS).
26. Fernandez, ME, Wippold, R, **Torres-Vigil, I**, Byrd, T, Freeberg, D, Bains, Y, Guajardo, J, Coughlin, S, Vernon, SW. Colorectal Cancer Screening among

- Latinos from U.S. Cities along the Texas – Mexico Border. *Cancer Causes Control*. 2008 Mar;19(2):195-206. Epub 2007 Nov 24.
27. **Gor BJ**, Shelton AJ, Esparza A, Yi JK, **Hoang TV**, Liang JC, **Jones LA**. Development of a health risk factors questionnaire for Chinese and Vietnamese residents of the Houston, Texas area. *J Immigr Minor Health*. 2008 Aug;10(4):373-7.
 28. **Gor, BJ, Chilton, JA**, Camingue, PT, **Hajek, RA**. Young Asian Americans' knowledge and perceptions of cervical cancer and the human papillomavirus. *Gynecology Oncology*. (In Press)
 29. **Herrera, A.P.**, Lee, J.W., Nanyonjo, R., Laufman, L., & **Torres-Vigil, I**. (2008). Religious Coping and Caregiver Well-being in Mexican American family caregiver well-being. *Aging and Mental Health*. (IN PRESS).
 30. **Herrera, AP**, Lee, JL, Palos, G, **Torres-Vigil, I** (2008). Cultural Influences in the Patterns of Long-term Care Use among Mexican-American Family Caregivers. *Journal of Applied Gerontology* *Journal of Applied Gerontology*, 27, 141-165.
 31. **King DA, Snipes SA, Herrera AP, Jones LA**. "Perspectives of Health Status and Health Mediators among African American Residents of an Unincorporated Community: A Qualitative Assessment" *Health and Place* (IN PRESS).
 32. Rock CL, Flatt SW, Laughlin GA, Gold EB, Thomson CA, Natarajan L, **Jones LA**, Caan BJ, Stefanick ML, **Hajek RA**, Al-Delaimy WK, Stanczyk FZ, Pierce JP; Women's Healthy Eating and Living Study Group. Reproductive steroid hormones and recurrence-free survival in women with a history of breast cancer. *Cancer Epidemiol Biomarkers Prev*. 2008 Mar;17(3):614-20. Epub 2008 Mar 6.
 33. **Snipes SA**, Thompson B, O'Connor K, Shell-Duncan B, King D, **Herrera AP**, Navarro B. "An Ethno-Health-Disparities Approach: Beliefs about Pesticide Exposure Explains Farmworkers' Occupational Risks" *Revise and Resubmit – American Journal of Public Health* (IN PRESS).
 34. Thiel de Bocanegra H, Trinh-Shevrin C, **Herrera A.P.**, Gany F. (2008). Mexican Immigrant Male Knowledge and Support Toward Breast and Cervical Cancer Screening. *J Immigr Minor Health*. 2008 Jun 13. [Epub ahead of print]
 35. **Torres-Vigil, I**, Aday, LA, Reyes-Gibby, CC, De Lima, L, **Herrera, AP**, Mendoza, T, Cleeland, CS (2008). Health Care Providers' Assessments of the Quality of Advanced Cancer Care in Latin American Medical Institutions. A Comparison of Predictors in Five Countries: Argentina, Brazil, Cuba, Mexico, and Peru. *Journal of Pain & Palliative Care Pharmacotherapy*, 22(1): 7 – 20.

APPENDIX VIII.

TOPICS IN GENOMICS FALL 2007

PRAIRIE VIEW A&M UNIVERSITY

Prairie View, Texas

COURSE SYLLABUS

for

Biol 4013 – Topics in Genomics

by

**E. Gloria C. Regisford, Ph.D.
Associate Professor**

COLLEGE OF ARTS & SCIENCES

Department of Biology

FALL 2007

PRAIRIE VIEW A&M UNIVERSITY
Prairie View, Texas

COURSE SYLLABUS

<u>COURSE NAME</u>	<u>COURSE NUMBER</u>	<u>TIME</u>	<u>DAYS</u>	<u>ROOM</u>
Topics in Genomics	4013	5:00-6:30pm	MW	NSB 123

DEPARTMENT: BIOLOGY
INSTRUCTOR: DR. GLORIA REGISFORD
PHONE: (936) 261-3165
E-MAIL: gcregisford@pvamu.edu
OFFICE: New Science Building, Room 430G
OFFICE HOURS: MW:11:00-11:50 am; W: 1:00-2:50 pm
WEBSITE: <http://acad.pvamu.edu/content/biodept/Regisford1.html>

OPTIONAL TEXTS: **Genomes 3:** T. A. Brown (Author), Garland Science (Publisher) 2006. **ISBN:** 0-8153-4138-5

Discovering Genomics, Proteomics and Bioinformatics
A. Malcolm Campbell and Laurie J. Heyer (Authors), Blackwell Publishing (Publisher) 2003. **ISBN:** 1-40510-682-4

Supplementary Learning Materials

Students will be assigned current journal articles to read, interpret and discuss. Students will also be referred to different genomics websites.

Course Description

Biol 4013. Topics in Genomics. (3-0) Credit 3 semester hours. The study of the Human Genome in a holistic manner. Physical mapping and large scale DNA sequencing of the human genome; gene expression and microarrays; the application of genome data to the incidence of disease; used as disease markers and gene based therapeutics. Prerequisites: Biol. 2054; Chem. 2043.

Course Goals

1. To develop a comprehensive understanding of the human genome.
2. To analyze and interpret the data generated from the human genome and other genomes.
3. To apply genomic information to determine the incidence of disease; identify disease markers and formulate models for gene-based therapies.
4. To develop critical thinking skills.
5. To enhance the aesthetic appreciation of the simplicity yet intricacy of the design of the human genome.

Learning Objectives and Competencies:

Knowledge: By the end of the course, students should be able to:

1. Describe the human organism at the level of the genome.
2. Describe the basic methodology associated with genomics and comparative gene expression studies.
3. Describe applications of genomic technologies in medicine and agriculture.
4. Critically evaluate the quality and significance of genomic data.

Procedure

Two 1 and ½ -hour lectures will be held weekly. The lecture periods consist of discussions between students and lecturers who have expertise in various current topics in Genomics.

Learning Activities

The student should:

1. Take notes and learn to distinguish between important and subordinate points.
2. Participate fully in discussions during lecture periods.
3. Ask relevant questions during the class discussion.
4. Read assigned textbook chapters and journal articles.
5. Hand in assigned work in a timely fashion.

Group Research Projects for Powerpoint Presentations and Papers

Students in groups of three or four, will select a gene which has been identified and whose mutation(s) is/are known to cause a disease. Each group will do a powerpoint presentation and write a report on the **structure, function and expression patterns of that gene** and the disease caused by mutation(s) of the gene. The research paper must be 5 pages long, double spaced, 12" font and must have a bibliography. **Papers are due on or before November 30th, 2007.**

Examinations

Two major exams will be given in class during the semester; a midterm and a final exam. Each of the exams will consist of essay and short answer questions. A portion of the final grade will be based upon class participation, such as asking questions and initiating relevant discussions. The final grade for the course will be determined according to the following evaluation table.

Exam Schedule

Week 8: **October 10th, 2007 - Midterm Exam**

Week 16: **November 30th, 2007 - Final Exam**

Evaluation

Requirement	Percent of Final Average
Mid-term Examination	15 %
Final Examination	15 %
Group Project Research Paper	20 %
Group Project Presentation	25%
Research Article Presentation	15%
Class Participation	10%
TOTAL	100 %

GRADING SCALE:

Final Average in Percent	Letter Grade
100 – 90%	A
89 – 80%	B
79 – 70%	C
69 – 60%	D
0– 59%	F

RULES:

All PVAMU policies are enforced and described in the PVAMU catalog and in the Student Handbook.

Policy on Academic Dishonesty:

- Academic dishonesty, in all its forms, including plagiarism, is not tolerated. Students found responsible for violating this rule WILL be prosecuted to the fullest extent of University regulations.

Attendance Policy:

Attendance is the student's responsibility. You are responsible for the material covered in every lecture, regardless of your attendance. **Nothing** missed during an **unexcused** absence can be made up. An excused absence allows us to make alternative arrangements to complete an assignment. Only **unavoidable** absences are excused. Routine events (non-emergency medical visits, parent-teacher conferences, household or auto repairs) should be scheduled to avoid conflicts with class. Plane tickets booked to conflict with class do **NOT** constitute an excusable absence. An acceptable excuse must be:

- From an appropriate source (doctor, dentist, funeral director) who states the nature of the event
- In writing, on official letterhead, and signed (it will not be returned)
- **Presented prior to**, or within 1 week, of the absence

Students with excessive absenteeism, whether excused or unexcused absences, may result in the student's course grade being reduced or in being assigned a grade of "F" from the class.

RULES:

There are No Make-up Examinations: For some scheduled events, you may arrange to take a lecture exam before, but not after, its scheduled time.

Policy on Disruptive Behavior:

As adult students, you are expected to act with courtesy and common sense. Disruptive, disrespectful, or abusive language/behavior towards anyone in class (student, staff, faculty) will not be tolerated and could result in permanent removal from class. This includes talking in class, insubordination, and **electronic disturbances (cell phones, pagers, gameboys, etc).** **Turn them off.** Children are not allowed in class.

If you have a disability, please inform me so that I can assist you to get “reasonable accommodation” related to the disability.

References

Books:

Analysis of Genes and Genomes by Richard J. Reece, 2003, ISBN:0-470-84379-9 (HB) ISBN:0-470-84380-2(PB).

Bioinformatics A Practical Guide to the Analysis of Genes and Proteins 2nd edition, by Andreas D. Baxevanis and B.F. Francis Ouellette, Wiley, 2001. ISBN 0-471-38391-0.

Encyclopedic Dictionary of Genetics, Genomics, and Proteomics, 2nd Edition, George P. Rédei ISBN: 0-471-26821-6

Essentials of Genomics and Bioinformatics, by Christoph W. Sensen (Editor), Wiley, 2002, ISBN 3-527-3051-6.

Genomic Medicine by Alan E. Guttmacher, Francis E. Collins and Jeffrey M. Drazen, The Johns Hopkins University Press, 2004. ISBN 0-8018-7979-5

Guide to Analysis of DNA Microarray Data 2nd edition by Steven Knudsen, Wiley Press, 2004. ISBN 0-471-65604-6

Microarrays for an Integrative Genomics (Computational Molecular Biology), by Isaac S. Kohane, Alvin Kho and Atul Butte, MIT Press, 2002. ISBN 026211271X.

Molecular Biology of the Cell, by Alberts, Bray, Lewis Raff, Roberts, and Watson, 3rd ed, Garland Pub, ISBN 0815316194.

Molecular Biology of the Gene, by Watson, Benjamin/Cummings, ISBN 0805316434.

Understanding the Human Genome Project, by Michael A. Palladino, 2002, ISBN 0-805306774-8

Journals:

Applied Genomics & Proteomics
Bioinformatics
Comparative and Functional Genomics
ComPlexUs
Computational Biology
Functional & Integrative Genomics
Gene
Genes to Cells
Genes & Development
Genetics
Genetic Testing
Genome
GenomeBiology
Genome Letters
Genome Research
Genomics
Journal of Agricultural Genomics
Physiological Genomics
Proteomics
Proceedings of the National Academy Science

World Wide Web Sites:

The Human Genome

www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Nucleotide

National Genome Research Institute

www.genome.gov

Genome Programs of the US Department of Energy of Science

www.ornl.gov/hgmis

The Oxford University Journal of Bioinformatics

www.bioinformatics.oupjournals.org/

Genomics Journal

www.sciencedirect.com/science/journal/08887543

Nature's Genome Gateway

www.nature.com/genomics/

Genomics Glossaries and Taxonomies

www.genomicglossaries.com/

Science Magazine Functional Genomics

www.sciencemag.org/feature/plus/sfg/

Tentative Lecture Schedule

Week #	Date	Activities and Assignment
		Lecture
1	8/20	Introduction, Syllabus discussion
	8/22	DNA Basics
		<u>Gloria Regisford, Ph.D.</u> , Associate Professor, Prairie View A&M University, Prairie View, TX
2	8/27	Bioinformatics I Assignment of groups and project
		<u>Gloria Regisford, Ph.D.</u> , Associate Professor, PVAMU, Prairie View, TX
2	8/29	“The Human Genome Project”
		<u>Class Discussion of Research Articles</u>
2	9/3	Labor Day
3	9/5	“The Human Genome Project”
		<u>Steve Scherer, Ph.D.</u> , Associate Professor, Baylor College of Medicine, Houston, TX
4	9/10	“Mutations, DNA repair and recombination”
		<u>Gloria Regisford, Ph.D.</u> , Associate Professor, Prairie View A&M University, Prairie View, TX
4	9/12	“Chromosomes and Chromosomal Abnormalities in Human Diseases”
		<u>Sau W. Cheung, Ph.D., M.B.A.</u> , Director, Kleberg Cytogenetics, Baylor College of Medicine, Houston, Texas. <u>Ankita Patel, Ph.D.</u> , Co-Director, Kleberg Cytogenetics, Baylor College of Medicine, Houston, Texas
5	9/17	“Comparative (Primates) Genomics”
		<u>Class Discussion of Research Articles</u>
5	9/19	“Comparative (Primates) Genomics”
		<u>Cheryll Shadding, Ph.D.</u> , Director of Outreach, Genome Sequencing Center, Washington University-School of Medicine, St. Louis, MO
6	9/24	“TBA”
		<u>Class Discussion of Research Articles</u>
6	9/26	“TBA”
		<u>TBA</u>
7	10/1	“Comparative (Microbial) Genomics”
		<u>Class Discussion of Research Articles</u>
7	10/3	“Comparative (Microbial) Genomics”
		<u>Debra Murray, Ph.D.</u> Director-Education & Minority Diversity Programs, Human Genome Sequencing Center, Baylor College of Medicine, Houston, Texas

Week #	Date	Activities and Assignment
		Lecture
8	10/8	Midterm Exam (in class)
8	10/10	Bioinformatics II Abstract of Group Research Project Due
9	10/15	"Comparative (Farm Animals) Genomics"
		<u>Class Discussion of Research Articles</u>
9	10/17	"Comparative (Farm Animals) Genomics"
		<u>James Womack, Ph.D.</u> , Department of Veterinary Medicine, Texas A&M University
10	10/22	"Race, Genomics and Disease"
		<u>Class Discussion of Research Articles</u>
10	10/24	"Race, Genomics and Disease"
		<u>Ricky A. Kittles, Ph.D.</u> , Associate Professor, Department of Medicine, Section of Genetic Medicine, The University of Chicago, Chicago, IL
11	10/29	"Gene Therapy"
		<u>Class Discussion of Research Articles</u>
11	10/31	"Gene Therapy"
		<u>Chrystal Louis, M.D., M.P.H.</u> , Clinical Instructor, Pediatric Hematology and Oncology, Texas Children's Cancer Center, Baylor College of Medicine, Houston, TX
12	11/5	"Ethics" Videos
		<u>Gloria Regisford, Ph.D.</u> , Associate Professor, Prairie View A&M University, Prairie View, TX
12	11/7	No Class/ Work on Group Project
13	11/12	Group Project Class Presentations
	11/14	Group Project Class Presentations
14	11/19	Group Project Class Presentations
14	11/21	Thanksgiving Break
15	11/26	Group Project Class Presentations
15	11/30	Final Exam (in class) Final Group Project Research Paper due

APPENDIX IX.

MD ANDERSON IRB EXEMPTION LETTER

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER

MEMORANDUM

DATE: August 20, 2008

TO: Isabel Torres, DrPH
Department of Health Disparities
Unit 440

FROM: Lynn Guy, IRB Coordinator
Office of Protocol Research – Regulatory Affairs
Unit 1437

SUBJECT: Institutional Review Board 4 (IRB4) Exempted Research for “Center for Research on Minority Health – Prostate Cancer & Health Disparities Research”

As set forth in the Code of Federal Regulations (45CFR46), those research activities involving human subjects which qualify under specific exemption categories are not subject to the above regulations, and therefore do not require Institutional Review Board review.

Upon review of documentation provided, IRB4 Chair and/or their designee, has determined that the research is exempt under Category 2. An anonymous survey has been added to the focus group study; no protected health information will be collected.

Category 2 specifically states, “Research involving the use of educational tests, (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a way that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects’ responses outside the research could be damaging to the subjects’ financial standing, employability, or reputation.”

Any changes to the subject research activity that would render it ineligible for exemption, must be brought to the attention of the IRB4 committee immediately.

LE/lgt

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located in the Texas Medical Center*

APPENDIX X.

CRMH FOCUS GROUP AIMS AND GUIDE

CRMH Informed Decision Making and Prostate Cancer Screening

Aims:

1. To explore knowledge, attitudes, and beliefs about prostate cancer and screening in Native American, Salvadorian, and Puerto Rican men and to examine differences across ethnic groups.
2. To examine the values, preferences, needs, and other factors associated with informed decision-making and prostate cancer screening in the each ethnic group.
3. To identify cultural factors that may influence screening decisions.
4. To conduct a face validation of the "Is it right for me?" prostate cancer screening decision aid materials to assess participants' receptivity to the process of informed decision making and prostate cancer screening in general, as well as acceptability and preferences related to the content and format of the materials.

Focus Group Questions:

- What types of places to you usually go to for health care?
- Beliefs and attitudes about preventive practices?
- What do you think of when you hear the word "cancer"?
- Have you ever heard about prostate cancer?
- Have you ever heard about prostate cancer screening? (*Questions to elicit perceptions of prostate cancer screening*).
- Do you know what prostate cancer testing can and cannot tell you?
- Has your doctor ever talked to you about getting screened for prostate cancer?
- Who do you think should get screened for prostate cancer?
- Have you ever thought about getting screened for prostate cancer?
- Who do you talk to when you need to make a health-related decision?
- How do you prefer to make decisions about testing? (*Probe: Doctor alone? Mostly the doctor? Doctor and you equally? Mostly you? You alone?*)

Focus Group Questions related to "Is it right for me?" (*Refer to cognitive testing protocol for specific questions and procedures*).

- Questions to elicit participants' perceptions on the content and design of decision aid (both brochure and CD-Rom).
- Would you want to receive information contained in the decision aid?
- Would you want to include risk information specific to your culture and the advantages and disadvantages of a PSA and DRE in the materials?
- Will using the decision aid change how you make decisions related to cancer screening?
- How effective or helpful do you think these materials would be in your community?
- When or under what circumstances would you like to see this information? *In a clinic in the medical center? A community clinic? Other setting?*
- Questions to assess preferred forms of educational materials. Videos? Print-based materials?

CRMH Informed Decision Making and Prostate Cancer Screening

FOCUS GROUP COGNITIVE TESTING PROTOCOL

- A) Read instructions to the subject.
- B) Enter date, start time and interviewer initials
- C) Go up to one hour. Don't exceed one hour. Mark the section where you stopped and start the next subject from there.
- D) When you are done enter End time.
- E) Look back at the survey and edit comments or add more as appropriate.
- F) Note the processes the subject uses in arriving at an answer

Instructions to be read out to the subjects:

Thanks for coming in. Let me tell you a little more about what we'll be doing today.

1. We're testing new inserts for a men's health booklet with the help of people such as you.
2. I'll have you read the booklet and review some reasons men may or may not want to be screened for prostate cancer. I'll also ask you to look at some scales.
3. I'll ask you questions about the quotes and scales and you answer them, just like a regular survey.
4. Our goal here is to get a better idea of how the quotes are working. So I'd like you to think aloud as you answer the questions- just tell me everything you are thinking about as you go about answering them.
5. I'll also ask you to review an insert about men's health recommendations.
6. I'll ask you questions about the insert and you answer them, just like a regular survey.
7. At times I'll also stop and ask you more questions about the terms or phrases in the questions and what you think a question is asking about. I'll also take notes.
8. Please keep in mind that I really want to hear all of your opinions and reactions. Don't hesitate to speak up whenever something seems unclear, its hard to answer or doesn't seem to apply to you.
9. This will last for an hour.
10. The interview will be recorded.

Date: _____

Start time: _____

End time: _____

Interviewer initials: _____

Interview # _____

Section 1: Cancer Worry Quotes for Prostate Cancer Screening

Let's look at some of the things men think about when they make decisions about prostate cancer screening. I will read a few quotes and then ask you some questions about them. I will go through this process until we have gone over all 7 groups of quotes.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

CRMH Informed Decision Making and Prostate Cancer Screening

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read third quote]

CRMH Informed Decision Making and Prostate Cancer Screening

9. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

10. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

11. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

12. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

Now you have seen a few different quotes.

[Show all three cards]

13. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

CRMH Informed Decision Making and Prostate Cancer Screening

Section 2: Cancer Worry Quotes against Prostate Cancer Screening

Let's look at the next set of quotes.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

CRMH Informed Decision Making and Prostate Cancer Screening

Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

[Read third quote]

9. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

10. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

11. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

12. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

Now you have seen a few different quotes.

[Show all three cards]

13. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

CRMH Informed Decision Making and Prostate Cancer Screening

Section 3: Regret Quotes for Prostate Cancer Screening

Here are a few more quotes men might say.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

CRMH Informed Decision Making and Prostate Cancer Screening

Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

[Read third quote]

9. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

10. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

11. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

12. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

Now you have seen a few different quotes.

[Show all three cards]

13. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

CRMH Informed Decision Making and Prostate Cancer Screening

Section 4: Regret Quotes against Prostate Cancer Screening

This is the next set of quotes.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

CRMH Informed Decision Making and Prostate Cancer Screening

Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

[Read third quote]

9. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

10. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

11. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

12. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

Now you have seen a few different quotes.

[Show all three cards]

13. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

CRMH Informed Decision Making and Prostate Cancer Screening

Section 5: Side Effect Quotes for Prostate Cancer Screening

Here are a couple of thoughts men have about prostate cancer screening.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

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Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

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Section 6: Side Effect Quotes against Prostate Cancer Screening

We're almost done with the quotes. Here are a few more.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

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Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

[Read third quote]

9. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

10. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

11. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

12. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

Now you have seen a few different quotes.

[Show all three cards]

13. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

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Section 7: Maintenance Quotes for and against Prostate Cancer Screening

This is the last set of quotes.

[Read first quote]

1. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

2. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

3. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

Comments:

4. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer

Spontaneous Probe:

Comments:

[Read second quote]

5. Do you like this quote?

Scripted Probe: a) Describe, in your own words, what you think this quote is trying to say.

Spontaneous Probe:

Comments:

6. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

7. Would you change the wording of the quote? If so, how would you change it?

Spontaneous Probe:

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Comments:

8. Do you think a man who would say this would decide to get tested or not get tested for prostate cancer?

Scripted: a) Describe, in your own words, why you think a man would decide to get tested or not get tested for prostate cancer Spontaneous Probe:

Comments:

Now you have seen a couple of different quotes.

[Show all three cards]

9. Does this sound like something a man would say?

Spontaneous Probe:

Comments:

Thank you for going through the quotes with me. What would be your quote about prostate cancer screening?

10. For testing:

11. Against testing:

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Section 8: Answer Scales

Some of the quotes we read will be placed on an insert to go along with the men's health booklet. It will look something like this. [Show insert #1]

1. Do you like the layout of the booklet?

Spontaneous Probe:

Comments:

2. Is there anything you would change?

Spontaneous Probe:

Comments:

At the bottom of the page, there is a question. It says "Being screened for prostate cancer is your decision. What do you want to do?" We would like for men to answer this question using a scale. I would like to show you a few scales to see which one you like best.

[Show scale #1]

1. How would you use this scale?

Spontaneous Probe:

Comments:

2. Is there anything about this scale that is not clear?

Spontaneous Probe:

Comments:

3. What would you change about the scale?

Spontaneous Probe:

Comments:

Here is another option. [Show scale #2]

1. How would you use this scale?

Spontaneous Probe:

Comments:

2. Is there anything about this scale that is not clear?

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Spontaneous Probe:

Comments:

3. Which scale do you like best?

Spontaneous Probe:

Comments:

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Section 9: Men's Health Recommendation

This is the last part of our interview. Thank you for your time so far. We would like you to look at an insert that will go along with the men's health booklet. It has information for men's health. Please take a minute to look over the insert. [Show insert #2].

1. Do you like the way the information is presented?

Spontaneous Probe:

Comments:

2. Is there anything on the insert that is new information?

Spontaneous Probe:

Comments:

3. Did you need any more information about any of them?

Spontaneous Probe:

Comments:

4. Are the way the ages are grouped confusing?

Spontaneous Probe:

Comments:

5. Is there anything you would change?

Spontaneous Probe:

Comments:

These are all the questions that we have for now. If you have any additional comments, feel free to share. Otherwise, thank you for your time.

APPENDIX XI.

FOCUS GROUP DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

CRMH Informed Decision Making and Prostate Cancer Screening

Please take a moment to answer the following questions. Please do not put your name, signature or any identification about you on this form. Thank you for your cooperation with this study.

The purpose of this study is to explore knowledge, attitudes, and beliefs about prostate cancer and screening. We will also be reviewing materials that may help men decide about getting tested for prostate cancer. Your participation is completely voluntary, and you may stop at any time. You may refuse to answer any (or all) questions asked or written on any forms. The focus group can last up to one and half hours. The study entails no direct risks or benefits to you. However, your participation will help us gain a better understanding of attitudes, beliefs and preferences related to prostate cancer screening and making informed decisions about healthcare. All information obtained will be anonymous and will not be given to anyone unaffiliated with the study. We will be tape recording your group session today, but no names will be used. Completing this form constitutes your agreement to participate in this study and authorizes the use of information we collect for research. We will give you \$20.00 at the end of the meeting as a token of appreciation. Can I answer any other questions for you?

1. In what month and year were you born? Month _____ Year _____
2. Please check if you are: ☐ Single/never married, ☐ Married, ☐ Living together
☐ Separated, ☐ Divorced, ☐ Widowed, ☐ Don't know or refuse to answer
3. What is your gender? ☐ Male ☐ Female
4. Do you consider yourself Native American/American Indian? ☐ Yes ☐ No
5. Do you consider yourself Hispanic/Latino? ☐ Yes ☐ No
6. Please check your Latino/Hispanic origin (check all that apply):
☐ Mexican, Mexican American
☐ Puerto Rican
☐ Cuban
☐ Central American (Indicate country) _____
☐ South American (Indicate country) _____
☐ Other, please explain _____
7. Where were you born? _____ City, State, Country
8. How many years have you lived in the United States? _____ years
9. How many years of schooling did you complete? _____ years [Finished grade _____]
10. How many people live in your household? _____ Persons [in total]
11. What is your total household income?
☐ None
☐ Less than \$5,000
☐ From \$ 5,000 - \$ 9,999
☐ From \$10,000 - \$19,999
☐ From \$20,000 - \$29,999
☐ From \$30,000 or more
☐ Don't know or refuse to answer

DEMOGRAPHIC QUESTIONNAIRE CRMH Informed Decision Making and Prostate Cancer Screening

12. What types of medical insurance do you have? _____ No medical insurance
 _____ Medicare
 _____ Medicaid
 _____ Private or managed care
 _____ Veteran's/military insurance
 _____ Indigent or County
 _____ Other, explain _____

Now we would like to know what role you'd like to play in making decisions about getting tested for prostate cancer.

13. At this time, how do you prefer to make decisions about testing?

- ☐ Doctor alone
☐ Mostly the doctor
☐ Doctor and you equally
☐ Mostly you
☐ You alone

PROCASE KNOWLEDGE INDEX

1	Most men diagnosed as having prostate cancer die of something else.	true	false	unsure
2	Men are more likely to die because of prostate cancer than because of heart disease.	true	false	unsure
3	Prostate cancer is the <i>most common</i> cause of problems with urination.	true	false	unsure
4	Prostate cancer <i>never</i> causes problems with urination.	true	false	unsure
5	Prostate cancer is one of the <i>least</i> common among men.	true	false	unsure
6	If you have an <i>abnormal</i> prostate specific (PSA) test result, your doctor may recommend that you have a prostate biopsy.	true	false	unsure
7	The prostate specific antigen (PSA) test will pick up <i>all</i> prostate cancers.	true	false	unsure
8	A prostate biopsy can tell you with more certainty whether you have prostate cancer than a prostate specific antigen (PSA) can.	true	false	unsure
9	Loss of sexual function is a common side effect of prostate cancer treatments.	true	false	unsure
10	Problems with urination are common side effects of prostate cancer treatments.	true	false	unsure
11	Based on what you have heard or read, about how many men diagnosed as having prostate cancer will actually die because of prostate cancer?	Would you say most die because of prostate cancer, about half die because of prostate cancer, or most die because of something else?		
12	Based on what you have heard or read, how many men with <i>abnormal</i> prostate specific (PSA) test results have prostate cancer?	Would you say most don't have prostate cancer, about half have prostate cancer?		
13	Prostate cancer treatments have been shown to extend the life of a man with prostate cancer.	true	false	unsure
14	All experts agree that men should get annual PSA tests.	true	false	unsure

DEMOGRAPHIC QUESTIONNAIRE
CRMH Informed Decision Making and Prostate Cancer Screening

FOR HISPANIC/LATINO PARTICIPANTS ONLY: Acculturation (Please circle only one response for each question).

<p>1. In general, what language(s) do you read and speak?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>2. What was the language(s) you used as a child?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>3. What language(s) do you usually speak at home?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>4. In which language(s) do you usually think?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>5. What language(s) do you usually speak with your friends?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>6. In what language(s) are the T.V. programs you usually watch?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English 	<p>7. In what language(s) are the radio programs you usually listen to?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>8. In general, what language(s) are the movies, T.V. and radio programs you prefer to watch and listen to?</p> <ol style="list-style-type: none"> 1. Only Spanish 2. More Spanish than English 3. Both equally 4. More English than Spanish 5. Only English <p>9. Your close friends are</p> <ol style="list-style-type: none"> 1. All Latinos/Hispanics 2. More Latinos than Americans 3. About half and half 4. More Americans than Latinos 5. All Americans <p>10. You prefer going to social gatherings/parties at which people are</p> <ol style="list-style-type: none"> 1. All Latinos/Hispanics 2. More Latinos than Americans 3. About half and half 4. More Americans than Latinos 5. All Americans <p>11. The persons you visit or who visit you are</p> <ol style="list-style-type: none"> 1. All Latinos/Hispanics 2. More Latinos than Americans 3. About half and half 4. More Americans than Latinos 5. All Americans <p>12. If you could choose your children's friends you would want them to be</p> <ol style="list-style-type: none"> 1. All Latinos/Hispanics 2. More Latinos than Americans 3. About half and half 4. More Americans than Latinos 5. All Americans
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Thank you for taking the time to complete this survey. We appreciate your response.

APPENDIX XII.

CRMH LETTER REQUESTING IRB EXEMPTION AND RESEARCH PROTOCOL

Dear Ms. Quezada:

I would like to request that the qualitative research component of a future study entitled ***Center for Research on Minority Health - Prostate Cancer & Health Disparities Research*** be exempt from full IRB protocol review per 45 CFR 46, exemption #2, as stated below. (Please note: This formative work will identify components related to knowledge, beliefs, perceptions of risk about prostate cancer and screening, and preferred patterns in health care and the delivery of messages related to prostate cancer screening that will inform the development of a comprehensive survey instrument that will subsequently be submitted to the IRB as a complete protocol for full review).

2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Following is a summary of the study proposed and methods for data collection and analysis.

We believe this study is exempt for the following reasons:

1. This study involves key informant interviews and focus groups, which pose a low risk to any population.
 - The in-depth interviews will be conducted with key community informants and health professionals with expertise in prostate cancer and screening.
 - Twelve focus groups will be conducted with community members from the 4 ethnic communities (African America, Asian American, Latino, and Native American; 3 per ethnic group; 2 with men and 1 with women all 40-70 years of age). Each focus group will include a maximum approximately 10 participants.
2. The confidentiality of key informants and focus group participants will be ensured. Although names and contact information of key informants will be used to make initial contact, names will not be linked with interview transcripts or any final documentation. Basic demographic data will be collected from focus group participants, but no names or sensitive information such as data birth will be collected. In-depth interviews will be conducted in closed interviewing rooms at the Center for Research on Minority Health and focus groups will also be conducted in closed meeting rooms either at the CRMH or off-site community locations. Final reports will address findings in aggregate form, further minimizing the risk of having sensitive information linked to individuals.

3. No personal or sensitive information from key informants or focus group participants. Key informants and focus group participants will be informed of their right to refuse participation in the interview or focus group session and to terminate the interview or session at any time. Participants will also be informed of their right to decline to answer any question they do not feel comfortable with, without any repercussions.

Thank you for your consideration of this request.

Sincerely,

Isabel Torres, DrPH
Instructor
Department of Health Disparities Research
Center for Research on Minority Health
2450 Holcombe, TMC 1.3300 Unit 639
Houston, Texas 77021
Phone: 713-563-4125
Fax: 713-563-2737
Istorres@mdanderson.org

Background

Many ethnic minorities experience disproportionate rates of cancer diagnosis and cancer mortality. After skin cancer, prostate cancer is the second most common form of cancer in men in the U.S., and the second leading cause of cancer mortality among men in the U.S., following lung cancer (ACS, 2006). Ethnic minority men, particularly African American men, are disproportionately affected by this disease, as they experience higher incidence and mortality rates than any other ethnic group in the U.S, and may be more likely to be diagnosed at later stages of the disease (CDC, 2005; ACS, 2005, NPCC, 2005).

In relation to prostate cancer screening, the consensus and official recommendation emanating from the major medical and urological associations in the U.S. is that for men age 50 and older, or age 45 and older if members of a high risk group (i.e., African American, or positive family history), ***providers inform and counsel men on the potential benefits and risks of prostate screening, consider patient preferences, and individualize the decision to receive screening*** (American Cancer Society, 2006; Glasgow, 2004). Little, however, is known about the levels of knowledge, beliefs, risk perceptions related to prostate cancer and screening, and the preferred patterns in the delivery of health care, including informed decision making and cancer prevention messages among African American, Asian, Latino, and Native American men.

Purpose

The purpose of this study is to perform a qualitative inquiry by conducting focus groups and in-depth interviews to determine demographic, psychosocial, and cultural factors associated with prostate cancer screening and informed decision making among African American, Latino, Asian, and Native American men from the Houston area. Findings from this initial formative work will later be used to inform the development of a larger quantitative study. The primary objectives of the qualitative inquiry are to:

1. Identify common characteristics related to prostate cancer and screening (including knowledge, beliefs, and risk perceptions) across the 4 ethnic groups.
2. Identify factors and questions associated with the knowledge, beliefs, and risk perceptions related to prostate cancer and screening that are specific to each of the 4 ethnic groups.
3. Identify the values, preferences, and needs associated with informed decision making and prostate cancer screening that are specific to each of the 4 groups independent of educational levels.

Methods

1. We will conduct a minimum of 16 in-depth interviews with key informants (i.e., community representatives or leaders) from each of the 4 ethnic groups (i.e., 4 interviews per group). We will also conduct a total of 4 in-depth interviews with leading experts in the field of prostate cancer and screening from the Houston area to identify relevant areas of research and further identify knowledge gaps and perceived community needs.

2. We will also conduct a maximum of 12 focus groups with community members from the 4 ethnic communities (3 per ethnic group; 2 with men and 1 with women all 40-70 years of age). Each focus group will include approximately 10 participants. We are proposing to conduct focus groups with women because prostate cancer prevention researchers have found that women may play an important role in health decisions in the home and educating women on prostate cancer may improve screening (Blanchard, et al, 2005).

We will recruit participants from the greater Houston area, 40-70 years of age who self identify as being a member of one of the four, study ethnic groups. The inclusion criteria for focus group participants are as follows:

1. Self-identify as Asian Americans (specifically Chinese American or Vietnamese American). Inclusion criteria for
2. Self identify as Hispanic/Latinos (specifically Mexican Americans or Salvadorians).
3. Self identify as African American

4. Self identify as Native American
5. Men and women aged 40-70 years of age

Demographic data will be collected to allow the researchers to further categorize respondents for inclusion as either a key informant or a focus group participant. The demographic data to be collected will include: age, gender, marital status, country of origin, length of time in the US (as necessary), years of education, health insurance, and household income.

Trained focus group CRMH community relations staff working in the 4 ethnic communities will coordinate and conduct the focus groups. Facilitators will be matched by both gender and ethnicity with those of the focus group participants. In the focus groups, we will explore factors associated with prostate cancer and screening (e.g., knowledge about prostate cancer and screening), as well as general issues such as access to health care services, general community health concerns, health care behaviors, perceptions regarding the importance of preventive health care, and issues pertaining to health care decision-making. All focus groups will be audio-recorded by an additional person/ assistant who will also take notes during the session. Participants will receive a \$15.00 incentive for participating in a focus group or interview that will be provided by the CRMH.

Data Management, Analysis, and Quality Control

Focus group tapes will be transcribed by CRMH staff. All documents (i.e., focus group transcripts and in-depth interviews) will be entered into *Atlas.ti*, a qualitative data management program that facilitates data manipulation and retrieval during analysis. Transcripts will then be independently reviewed by members of the research team who will identify initial themes and code the data. Coded transcripts will then be re-examined to determine if there is sufficient evidence to support the themes identified and categorized as significant important constructs associated with prostate cancer screening. We will then develop a focus group report highlighting the principal focus group and in-depth interview findings and subsequently prepare these reports as manuscripts for publication. Focus group finding will be used to identify relevant factors associated with prostate cancer screening and informed decision making in each of the 4 ethnic groups that will later be used to inform the development of the survey instrument. Additional focus groups and in-depth interviews with key informant may also be conducted as the scope of the target population expands, or if more qualitative data are required for this purpose.

We will maintain the integrity of the data and information collected. The qualitative data will be stored in a centralized location on one of the servers at M. D. Anderson and access will be limited to specific users. All data files will be password protected and all computers will be physically secure. Names, addresses, and identifiers, will not be collected for focus group participants. Names, addresses, and identifiers collected for key informants will not be stored in data files; and the link between participant names and identifiers will be kept in separate files and coded. Qualitative data in the form of

transcripts will be uploaded to the computer program Atlas.ti described above and any names or personal identifiers will be removed from the transcripts to be analyzed.

APPENDIX XIII.

IS IT RIGHT FOR ME? – PROSTATE CANCER SCREENING DECISION AID

The PSA test for prostate cancer

Is it Right for ME?



**Department of
Veterans Affairs**



**THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER**

**NEW MEXICO
DEPARTMENT OF
HEALTH**

This pamphlet is designed to help men age 50 and older who DON'T have prostate cancer decide whether they want to have a PSA test.

Should I have a PSA test?

There is not right or wrong answer to this question! **Not all doctors agree that men should have the PSA test done regularly.** Read this pamphlet for important information about why.

What is the PSA test?

PSA stands for the Prostate Specific Antigen—a protein made by the prostate gland. The PSA test is a blood test that measures the amount of PSA in your blood. It tells your health care provider about your prostate. It can help your health care provider find prostate cancer early. This is why it is sometimes called “the blood test for prostate cancer.”

So, why aren't all doctors recommending this test?

Because nobody knows whether finding prostate cancer early through the PSA test will help men live longer. WHY?

- Because the PSA test can only help men live longer if prostate cancer treatments help men live longer, AND
- We don't know yet whether prostate cancer treatments help men live longer.

So the decision about whether to have the PSA test is YOURS.

How do I decide if the PSA test is right for me?

There are three things you can do to help make this decision.

1. Understand the facts about:

- Differences between prostate cancer and other prostate problems
- What the PSA test can and cannot tell you
- Other decisions you may have to make if you have a PSA test

**Read this pamphlet for more information
on these things.**

2. Get more information on prostate cancer and the PSA test from your health care provider.

3. Ask questions

- Write down any questions you have about the PSA test and bring them to your next appointment.
- Ask your health care provider if they think the PSA test is right for you.
- Ask your loved ones what they think about the test.
- Ask YOURSELF if you want to know if you have prostate cancer, even though this may not help you live longer. If you answer “yes” to this question, the PSA test **is** probably right for you. If you answer “no” to this question, the PSA test is probably **not** right for you.

And remember—IT’S YOUR DECISION

The difference between prostate cancer and other prostate problems

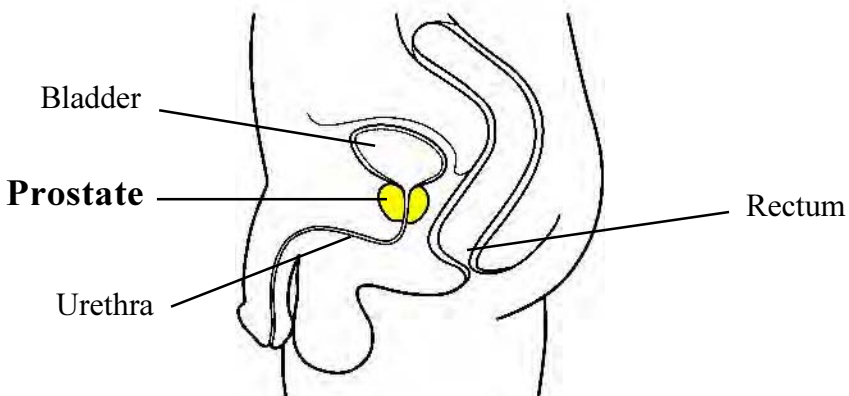
What exactly is prostate cancer?

In prostate cancer, the prostate cells grow abnormally. Prostate cancer cells can invade and destroy nearby organs. They can also spread to other parts of the body. **Prostate cancer usually does not cause any symptoms**, but some men who have prostate cancer experience:

- painful ejaculation (release of semen through the penis)
- frequent pain in the lower back, hips, or upper thighs
- weak, painful or slow urination
- blood in urine

You should tell your health care provider if you have any of these problems. **It does not necessarily mean you have prostate cancer if you have these problems.** Benign Prostatic Hypertrophy (BPH) and infections of the prostate can also cause some of these problems.

Diagram of the prostate gland



How serious is prostate cancer?

Prostate cancer **can** cause death. But most of the time, prostate cancer does not cause any problems for men. That is because prostate cancer usually grows very slowly. **Most men with prostate cancer die of something other than prostate cancer.** In fact, more men die of heart disease than die of prostate cancer.

How common is prostate cancer?

Prostate cancer is the most common cancer among men. Nearly one out of three men will get prostate cancer by the age of 80. The risk of getting prostate cancer increases with age. You are more likely to get prostate cancer if:

- you are African American
- your father or brother had prostate cancer

Does it mean I have prostate cancer if I have problems with urination?

Usually NOT. These problems are very common. Prostate cancer is NOT the most common cause of these problems. The most common cause of these problems is Benign Prostatic Hypertrophy (BPH).

Is Benign Prostatic Hypertrophy (BPH) the same as prostate cancer?

No. BPH is not cancer. It is non-cancerous enlargement of the prostate. It is very common but rarely life threatening. More than half of men over the age of 50 have this problem. In BPH, the prostate gets larger and pushes against the urethra and bladder. This can cause problems with urination such as feelings of not emptying the bladder, being unable to hold urine, frequent trips to the bathroom at night or having a weak urine stream. Treatment may be needed if the problems become severe or very bothersome.

What the PSA test can and cannot tell you

Can the PSA test tell me for certain whether I have prostate cancer?

No. It can only tell you if your PSA level is abnormal. An abnormal PSA level is one that is higher than the level found in other men. Prostate cancer can cause an abnormal PSA. But other things can also cause an abnormal PSA, including:

- Benign Prostatic Hypertrophy (BPH)
- Prostate infections

How accurate is the PSA test?

The PSA test can find cancer earlier than the Digital Rectal Exam. (This is the exam where a doctor inserts their finger through the rectum to check for lumps on the prostate.)

But the PSA test is not perfect:

- Most men with an abnormal PSA test result do not have prostate cancer.
- There is a small chance that you could have prostate cancer even if your PSA test result is normal.

Then how do I find out if I have prostate cancer?

If you have a higher than normal PSA test result, your health care provider may suggest that you have a prostate biopsy. A prostate biopsy is a procedure that involves removing a small piece of your prostate with a needle. It can be very uncomfortable. But it is needed to tell whether or not you have prostate cancer.

Other decisions you may need to make if you have a PSA test

What other decisions are there to make—it's just a blood test, right?

If you have an abnormal PSA test result, this may lead to a prostate Biopsy. If the biopsy shows you have prostate cancer, you will have to decide whether or not you want to be treated for prostate cancer. This can be a difficult decision for some men because:

- There is a very good chance that their prostate cancer will never cause them any problems. However, there is a small and frightening chance that it will cause death or severe disability.
- Prostate cancer treatments are not without risks—they can cause side effects such as problems with urination, sexual function, and bowel function.
- Nobody knows yet whether **any** prostate cancer treatment will help men live longer.
- Men who are over the age of 75 or who have serious medical conditions are unlikely to benefit from prostate cancer treatment.

To help you decide whether to have a PSA test, make sure you:

- understand the facts about prostate cancer and the PSA test
- get more information about anything that is unclear to you
- ask questions about the value of the PSA test for YOU

and remember—IT'S YOUR DECISION

Use this space to write down questions to discuss with your health care provider.

Remember—the decision about whether to have the PSA test is YOURS.

Developed as part of the NM Dept of Health/ Centers for Disease Prevention and Control funded Prostate Cancer Screening Education in Spanish (PCSES) Study, based on an English–Language booklet developed through the VA HSR&D funded PROstate CAncer Screening Education (PROCASE) Study.

APPENDIX XIV.

CRMH GRANT SUBMISSIONS (FY07-08)

CRMH Grant Submissions – FY07 FY 08

PI	Grant Name	Grant Type	Funding Agency	Date Submitted	Start Date	End Date	Direct Costs	Indirect Costs	Total Costs	Status*
Chilton	STARR Babies	Non-Federal	March of Dimes	08/22/08	10/01/08	11/30/08	\$3,000	\$0	\$3,000	PD
Chilton	A Prospective Study of the African American Breast Cancer Experience from Dianogis to End-of-Treatment	Non-Federal	Komen-N	08/22/08	02/01/09	01/31/11	\$240,000	\$60,000	\$300,000	PD
Chilton	STELLAR Minority Inclusion Project	Non-Federal	Komen	11/15/06	04/01/07	03/31/08	\$148,476	\$0	\$148,476	FD
Gor	The Role of Diet and Acculturation in Cancer Risk of Asian Americans	Federal - K01	NIH / NCI	02/12/08	01/01/09	12/31/13	\$518,120	\$41,449	\$559,569	NF
Hernandez	Genotoxic Effects of Polychlorinated Biphenyls and Organochlorine Pesticide Exposer in Mexican-American Children	Non-Federal	TXDSHS	12/21/07	02/01/08	03/31/09	\$201,076	\$48,924	\$250,000	NF
Herrera	Influence of Latino Family Caregiver Well-Being on Diabetes Management	Federal - K01	NIH / DHHS / NIA	02/12/08	01/01/09	12/31/11	\$450,000	\$36,000	\$486,000	NF
Herrera	The Influence of Obesity on Death and Disability in Older Mexican Americans	Non-Federal	RWJF	12/28/07	06/01/08	05/31/09	\$29,617	\$3,554	\$33,171	NF
Jones	Minority Investigator/Institutional Capacity Building for Disability Research Training Project	Federal - Subcontract	USDE / OSERS / TSU	08/22/08	01/01/09	12/31/13	\$370,370	\$29,630	\$400,000	PD
Jones	Texas Partnership to Address & Eliminate Health Disparities (TPHAD)	Non-Federal	TDHHS	08/01/08	09/01/08	08/31/09	\$200,099	\$0	\$200,099	FD
Jones	A Comprehensive Approach for Addressing Science Education in Underrepresented Populations	Federal - Supp	NIH / NCMHD	06/30/08	09/01/08	08/31/10	\$599,809	\$299,597	\$899,406	PD
Jones	A Comprehensive Health Disparities Education and Seminar Series Proposal	Federal - Supp	NIH / NCMHD	06/30/08	09/01/08	08/31/09	\$150,000	\$81,000	\$231,000	PD
Jones	Houston Avon Breast Cancer Task Force	Non-Federal	Avon Foundation	06/27/08	04/01/08	03/31/09	\$72,727	\$7,273	\$80,000	FD
Jones	Kellogg Health Scholars Program, Multidisciplinary - Disparities Track	Non-Federal	Kellogg	04/29/08	07/01/08	12/31/10	\$376,000	\$0	\$376,000	FD
Jones	C.S.I. - Burton - Centers for Scientific Investigations - Burton	Non-Federal	Motorola	02/29/08	06/01/08	05/30/09	\$100,000	\$0	\$100,000	NF
Jones	Texas Partnership to Address & Eliminate Health Disparities (TPHAD)	Non-Federal	TDHHS	02/15/08	09/01/07	08/31/08	\$65,000	\$0	\$65,000	FD
Jones	Harris County Public Health & Environmental Services Environmental Equity Project	Non-Federal	HCPHES	12/21/07	01/01/08	08/31/09	\$114,286	\$61,714	\$176,000	FD
Jones	The Northern Harris County Breast Cancer Education & Screening Project	Non-Federal	Komen Houston	11/14/07	04/01/08	03/31/09	\$432,498	\$0	\$432,498	NF
Jones	Implementation and Evaluation of a Weight Loss Intervention Among Healthy Premenopausal African American Women: The Active for Life Breast Cancer Prevention Study	Non-Federal	Komen National	11/08/07	03/01/08	02/28/11	\$480,000	\$120,000	\$600,000	NF

* PD =Pending, FD=Funded, NF=Not Funded

PI	Grant Name	Grant Type	Funding Agency	Date Submitted	Start Date	End Date	Direct Costs	Indirect Costs	Total Costs	Status*
Jones	Project ACTIVATE	Non-Federal	Microsoft	10/29/07	01/01/08	12/31/08	\$100,000	\$0	\$100,000	NF
Jones	The Science Centered Inquiry-Based Educational Activities in Collaborating Elementary Classrooms (SCIENCE) Project	Non-Federal	THECB	09/28/07	12/01/07	08/31/09	\$339,706	\$0	\$339,706	FD
Jones	The African American Breast Cancer Screening and Education Project	Non-Federal	TXCC	09/21/07	12/01/07	08/31/08	\$59,961	\$0	\$59,961	NF
Jones	Sister Study	Federal - Contract	NIH / NIESC / SSS, Inc.	08/15/07	09/01/07	10/20/07	\$75,000	\$0	\$75,000	FD
Jones	Project Nanni: A Southeast Texas Prostate Cancer Awareness Project for Native American Men	Non-Federal	Mayo Clinic	07/20/07	08/14/07	07/14/08	\$10,000	\$0	\$10,000	NF
Jones	Native American Health Summit	Federal - Micro Contract	DHHS REGION VI	04/30/07	06/01/07	07/31/08	\$4,776	\$0	\$4,776	NF
Jones	Communities of Learners Achieving Student Success (CLASS) Program Dana Foundation	Non-Federal	THHCB	01/16/07	05/01/07	6/31/2009	\$166,427	\$7,554	\$173,981	NF
Jones	5th Annual Disparities in Health in America: Working Toward Social Justice Summer Workshop	Federal - U13	NIH/ HCCDHP	12/01/06	06/23/07	06/25/10	\$230,453	\$0	\$230,453	FD
Jones	Health Risks and CAM use of South Asians	Federal - R21	NIH / NCCAM	11/14/06	07/01/07	06/30/09	\$375,000	\$202,500	\$577,500	NF
Jones	Diet, QOL and Health Outcomes in the WHEL Breast Cancer Survivor Cohort	Federal - R01	NIH / UC DAVIS	11/01/06	12/01/07	11/30/12	\$130,499	\$70,470	\$200,969	NF
Jones	African American Active for Life	Non-Federal	ACS	10/15/06	07/01/07	06/30/12	\$1,924,848	\$350,436	\$2,275,284	NF
Jones	Center for Research on Minority Health, Prostate Cancer and Health Disparities Research	Federal - Congressional Appropriation	DOD	09/06/06	09/30/06	09/29/07	\$353,175	\$91,825	\$445,000	FD
Jones	Project EXPORT - A Center of Excellence (PEACE)	Federal -P60	NIH / NCMH	08/10/06	09/01/07	08/31/12	\$4,750,000	\$2,367,107	\$7,117,107	FD
King	The Assessment of AIB1 Polyglutamine Repeat Length in African American and White Breast Cancer Survivors	Federal - SPORE	UTHSC	09/01/07	10/01/07	09/30/08	\$40,000	\$0	\$40,000	NF
King	An Assessment of AIB1 polyglutamine repeat length and breast cancer recurrence in African American and Caucasian women	Federal - K12	NIH / UTHSC CCTS	05/31/07	08/01/07	07/31/08	\$50,000	\$0	\$50,000	NF
King	An Environmental Health Assessment of Minority Residents of Fresno, TX	Federal - K01	NIH / CDCP	03/30/07	08/31/07	08/30/10	\$411,005	\$32,281	\$443,286	NF
Snipes	From the Texas-Mexico Border to Washington State: Laboratory Analysis of Pesticide Exposure Among Mexican Immigrant Farm workers	Federal - U50 Subcontract	NIH / UTHSC Tyler	07/19/07	10/01/07	08/31/08	\$9,740	\$5,260	\$15,000	FD

* PD =Pending, FD=Funded, NF=Not Funded

PI	Grant Name	Grant Type	Funding Agency	Date Submitted	Start Date	End Date	Direct Costs	Indirect Costs	Total Costs	Status*
Snipes	The Migrant Experience: Tracking Mexican Immigrant Farm workers from the Texas-Mexico Border to Washington State	Federal - U50	NIH / UW	07/19/07	10/01/07	09/30/08	\$25,000	\$2,000	\$27,000	NF
Torres	Caregiver Assessments of the Quality of Home Hospice Care: A Comparison Across 3 Ethnic Groups	Federal PA-05-015	NCI	05/01/08	10/01/08	07/31/10	\$191,650	\$103,491	\$295,141	PD
Torres/Chilton	Assessing the Acceptance of the Immunization of Males with the HPV Vaccine among Latino populations in Houston, Texas and San Juan, Puerto Rico.	Federal U54 Pilot	NCI	11/15/07	10/01/08	09/30/09	\$100,000	\$54,000	\$154,000	PD

* PD =Pending, FD=Funded, NF=Not Funded

APPENDIX XV.

CRMH ABSTRACTS AND PRESENTATIONS

CRMH Junior Faculty and Staff Abstracts and Presentations 2007 -2008

1. Chilton, JA, Fuchs-Young, R, Gor, BJ, Hajek, RA, Heggie, JA, Hernandez-Valero, MA, King, D, Luna, S, Regisford, GC, Torres-Vigil, I, Lovell A. Jones, LA. Center for Research on Minority Health - A Model for Addressing Cancer and Health Disparities. 2007 National Prevention and Health Promotion Summit: Creating a Culture of Wellness. Nov. 27-29, 2007, Washington D.C.
2. Galindo, HJ, Cormier, S, Hajek, RA, Jones, LA. Genestein: Exploring the effects on the PSA and Free Testosterone levels among Radical Prostatectomy Patients 11th Biennial Symposium on Minorities and the Medically Underserved, Washington D.C., April 2008.
3. Gor, BJ, Hoang, TV, Santos, JJ, Jones, LA. Addressing Asian American Health Disparities through Closing the Health Data Gap. Leading the Way, Partnering for Change, 4th Annual Asian American Health Conference, New York University School of Medicine, New York, NY, September 29, 2007.
4. Gor, BJ, Hoang, TV, Hernandez, M, Jones, LA. Asian American Health Needs Assessment: Study Dispels Low Cancer Risk Among Asian Americans. Cancer Health Disparities Summit '08 Eliminating Cancer Health Disparities Through Science, Training, and Community. Bethesda, MD, July 14, 2008.
5. Gor, BJ, Chilton, JA, Hajek, RA, Camingue, P. Young Asian Americans' perceptions on cervical cancer and the human papillomavirus. 2008 Biennial Symposium on Cancer, Minorities, and the Medically Underserved. April 3-6, 2008, Washington, DC
6. Hoang, S, Gor, B, Jones, LA. Oral health practices of Chinese and Vietnamese in the Greater Houston metropolitan area. 11th Biennial Symposium on Minorities and the Medically Underserved, Washington D.C., April 2008.
7. King, D., Freelon, B., Chukelu, P., and Jones, L. Assessment of Health Concerns and Access to Care in the Fresno, Texas Community. The American Public Health Association 135th Annual Meeting and Expo. Washington, DC, USA, November 6, 2007.
8. Lopez-Zetina, J, Torres-Vigil, I, Kerndt, P. Initiation to methamphetamine use: the effect of drug treatment and border residency. Drug Use and Adaptation to Rapidly Changing Environments. National Hispanic Science Network on Drug Abuse: Miami Beach, Florida, September 27, 2007.
9. Rivera-Del Valle, N, Hernandez-Valero, MA, Smith, MA, Jones, LA. Genetic Susceptibility to Organophosphate Toxicity in a Group of Migrant and Seasonal Farmworker (MSF) Women of Mexican Origin Residing in Texas 11th Biennial Symposium on Minorities and the Medically Underserved, Washington D.C., April 2008.
10. Torres-Vigil, I. Centers for Medicare and Services Cancer Prevention and Treatment Demonstration for Ethnic & Racial Minorities: Project FAROS. The University of Texas MD Anderson, Department of Health Disparities Research, Hispanic Community and Civic Leaders Luncheon. Houston, Texas, February 13, 2007.
11. Torres-Vigil, I. Partner Highlight: Center for Research on Minority Health. Latinos in a Network for Cancer Control (LINCC) 5th Annual Face-to-Face Core Meeting. April 30, 2007. Houston, Texas.

12. Torres-Vigil, I, Herrera, AP, Hajek, RA, Chilton, JA, Jones, LA. Facilitated Assistance, Research, & Outreach for Seniors (FAROS): A process evaluation of patient navigators in a comprehensive cancer control program for older Latinos. 10th Congress of the European Association for Palliative Care. June 9, 2007 Budapest, Hungary.
13. Torres-Vigil, I, Aday, LA, De Lima, L, Reyes-Gibby, CC, Cleeland, CS. Providers' Assessments of Barriers to Optimal Cancer Pain Management in 5 Latin America Countries: Argentina, Brazil, Cuba, Mexico, and Peru. 10th Congress of the European Association for Palliative Care. June 9, 2007, Budapest, Hungary.
14. Torres-Vigil, I, Huerta, E, DeSimone, G. Palliative Care in Cancer Control Strategies and Programs. Panel Moderator and presented: A Needs Assessment of Advanced Cancer Care in Latin America. Fourth Latin American Congress on Palliative Care (Cuarto Congreso Latinoamericano de Cuidados Paliativos), Lima, Peru, March 29, 2008.
15. Torres-Vigil, I. Patient, Provider, and System-level Barriers to Optimal Cancer Pain Management in 5 Latin American Countries: Argentina, Brazil, Cuba, Mexico, and Peru. 2008 International MASCC (Multinational Association of Supportive Care in Cancer) Symposium, Houston, Texas, USA, June 27, 2008.

APPENDIX XVI.

LOVELL A. JONES (PI) PUBLIC SPEAKING AND MEDIA ENGAGEMENTS

Dr. Lovell A. Jones' Public Speaking and Media Engagements in Health Disparities

Date	Name of Conference / Meeting	Place	speaker/keynote
4/16/07	Foundations of Environment & Occupational Health/ UT School of Public Health	Houston, TX	Lecturer
4/19/07	American Cancer Society: Bridging the Health Care Divide: Research and Programs to Eliminate	New Orleans, LA	Speaker
4/28/08	NSAB	Jacksonville, FL	Panelist
5/7/07	GENENTECH	Boston, MA	Speaker
5/17/07	Cancer Talk Broadcast	Atlanta, GA	Interviewee
5/27/07	High School for the Health Professions Commencement	Houston, TX	Keynote Speaker
6/12/07	Health Workforce Diversity Conferences	Houston, TX	Primary Moderator
6/13/07	2007 Nursing Conference: "Clinical Practice issues In Community Nursing with a Focus On Mental and Physical Health"	Houston, TX	Keynote Speaker
6/13/07	Kellogg Foundation Annual Meeting	Washington, DC	Visitor
6/15/07	ABC Digital Talk show with Dr. Tim Johnson	Washington, DC	Interviewee
7/17/07	740 KTRH – Julie McParland	Houston, TX	Interviewee
7/17/07	KHOU – Janice Williamson	Houston, TX	Interviewee
7/17/07	NPR Public Radio – Louie Johnson	Houston, TX	Interviewee
8/5/07	National Medical Association	Honolulu, HI	Presenter
8/29/07	National conference on Health Marketing	Atlanta, GA	Presenter
9/05/07	IMPACT Meeting	Atlanta, GA	Moderator
9/18/07	CMS/CPTD Annual Meeting	Baltimore, MD	Presenter
9/21/07	National Black Leadership in Cancer	Durham, NC	Keynote Speaker
9/26/07	Cobb NMA Health Institute: Technical Advisory Panel	Washington, DC	Panelist
10/3-7/2007	First Nigerian Cancer Conference in cancer health disparities	Abuja, Nigeria	Organizer
10/22-24/2007	National Conference on African Americans and Cancer	Wilmington, Delaware	Speaker
11/26-28/2007	2007 National Prevention and Health Promotion Summit: Creating a Culture of Wellness	Washington, DC	Presenter
11/28-30-2007	American Association of Cancer Research Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved	Atlanta, GA	Speaker
11/31-12/2/2007	2008 Association of Nigerian Physicians in the Americas Winter Board Meeting	Pleasanton, CA	Meeting
2/4-5/2008	YMCA Expert Panel Meeting	Chicago, IL	Visitor
2/18-19/2008	Texas Tech University Health Science Center - Culture and Diversity Lecture Series	Lubbock, TX	Lecturer
2/22/08	College of Pharmacy and Pharmaceutical Sciences 31st Annual Clinical Pharmacy Symposium	Tallahassee, FL	Speaker
3/6-8/2008	EXPORT Center of Excellence - Mexico Collaboration	Cuernavaca, Morelos	Meeting
3/28/08	ABC News Interview with Dr. Tim Johnson "Cancer Health Disparities in America"		
3/31 - 4/6/2008	11th Intercultural Cancer Council Biennial Symposium	Washington, DC	Speaker/Founder

4/10-12/2008	2nd Annual Health Disparities Conference: Improving Medical Effectiveness and Health Outcomes to Eliminate Health Disparities through Multidisciplinary Collaborations	New Orleans, LA	Speaker
4/13-16/2008	Environmental Signaling in Urban Ecosystems 7th Annual Symposium on the Environmental and Hormones	New Orleans, LA	Speaker
4/17-18/2008	National Council of Negro Women Annual Conference	Washington, DC	Visitor
4/24/08	National Commission on Prevention Priorities Texas Medical Association	Austin, TX	Visitor/ Contributor
4/25/08	University of South Carolina: Inaugural James E. Clyburn Health Disparities Lecture Series	Columbia, SC	Lecturer
5/12/08	United Nations	New York, NY	Award Recipient
5/13-14/2008	KOMEN: Many Faces One Voice: A Community Dialogue on Unmet Needs In the San Francisco Bay Area	San Francisco, CA	Keynote Speaker
05/19-21-2008	Kellogg's Scholar Annual Meeting	Washington, DC	Presenter
06/4-8/2008	World Conference on Breast Cancer Foundation	Manitoba, Canada	Speaker